IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209448

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4626070627

APPLICANT: Jasper Builders Inc. APPLICANT ADDRESS: 181 W. Statesville Ave Mooresville, NC 28115

SITE ADDRESS: 110 Cider Mill Place; Mooresville PHONE: 7047999982 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Spears Creek TL Cider Mill on right

SUBDIVISION: The Farms SECTION: 4 LOT # 466 LOT AREA: 1.55Ac DESIGN FLOW: 480gpd L.T.A.R.: 0.25

Septic Tank min 1500 (gal) STB 538 Date 1-6-16
Pump Tank 1000 (gal) PT 27 Date 1-11-16
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 4 Linear Ft: 480'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

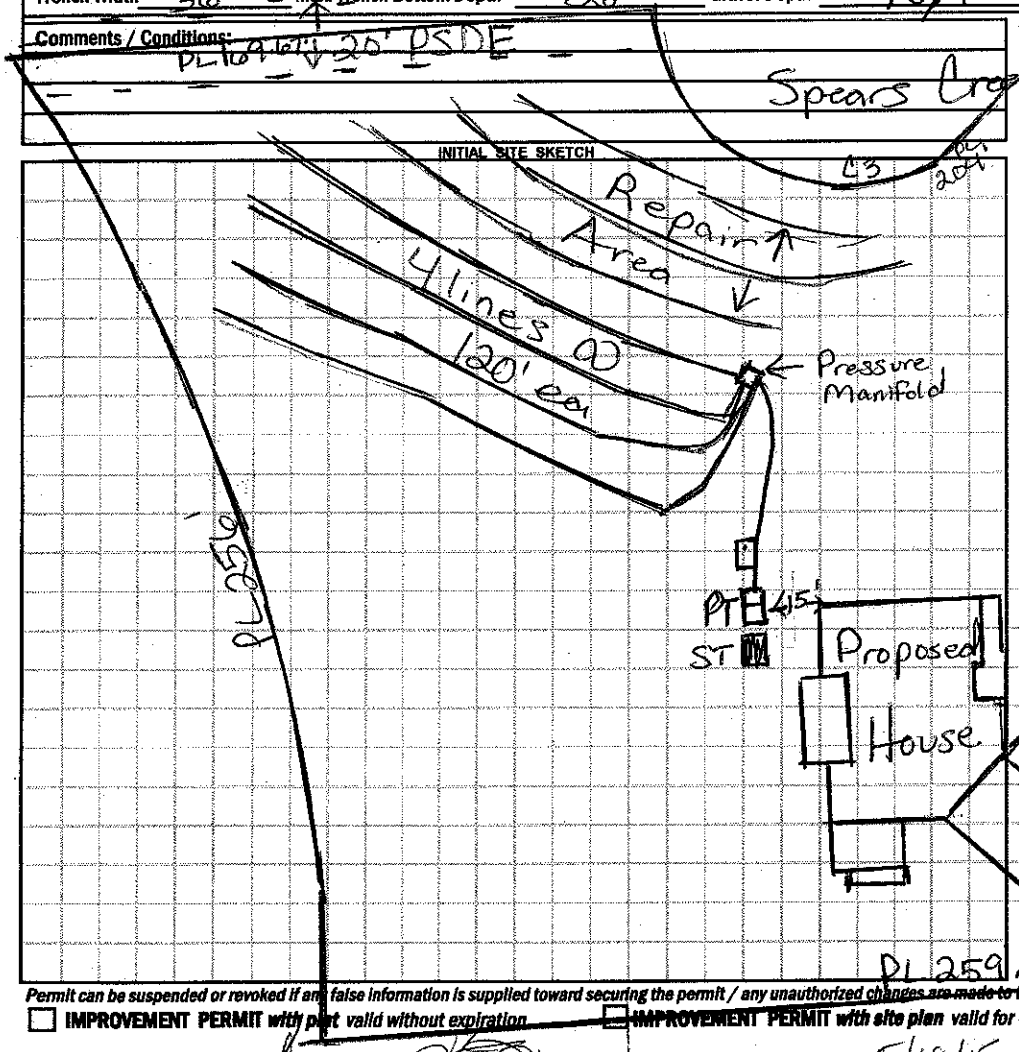
☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump-PM-25% Reduction
Repair System Description: 1-PPBPS
Maintenance Agreement Required: ☐ YES ☒ NO ☒ PRESSURE ☐ GRAVITY

☒ Residence ☐ Business ☐ Other ☐ Slab
No. Bedrooms 4 No. Persons 8 No. Employees ____
☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

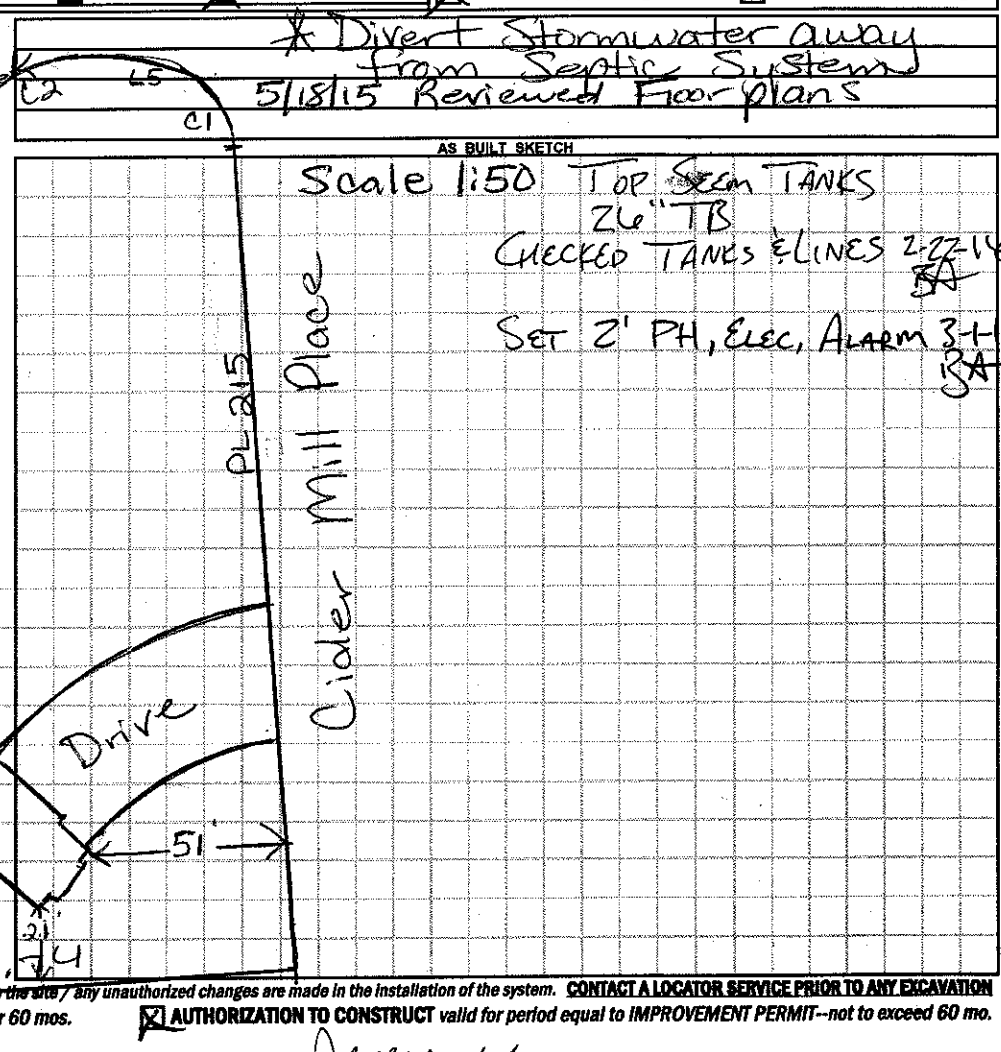
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: PL to 4 lots 20' PSDE
* Divert Stormwater away from Septic Systems
5/18/15 Reviewed Floor plans

INITIAL SITE SKETCH



AS BUILT SKETCH



Scale 1:50 Top Seam Tanks
26" TB
Checked Tanks & Lines 2-22-16 BA
Set 2' PH, Elec, Alarm 3-1-16 BA

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plot valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5/18/15 Installed by: Ascension

IMPROVEMENT PERMIT by: [signature] RS Date: 5/16/15 OPERATION PERMIT by: BA Date: 3-1-16

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 5/18/15 Existing System Inspected by: ____ Date: ____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK