IREDELL COUNTY HEALTH DEPARTMENT

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

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

This permit replaces previously drawn permit on 6-24

PERMIT # ~~H8755~~ 17705

APPLICANT: Aaron Feldman APPLICANT ADDRESS: 295 Lake Mist Dr. Mooresville PIN # 4626769883

SITE ADDRESS: 331 Bayberry Cir. Mooresville PHONE: 704-746-7515 ALT. PHONE: N/A

SITE DIRECTIONS: Brawley School Rd. TR McKendree Rd. TL Kemp Rd. TR Alder Springs TL Bayberry Cir.

SUBDIVISION: The Farms SECTION: 3 LOT # 369 LOT AREA: 0.74 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 444 Date 3-18-13

Pump Tank 1000 (gal) PT 283 Date 3-18-13

Pump Make Hallo Model LVE03250 Serial #

Nitrification Fields 1 # Lines 5

Trench Width 24" Max. Trench Bottom Depth 36" Linear Ft: 268

Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Low Pressure PPBPS

Repair System Description: Low Pressure PPBPS

Maintenance Agreement Required: ☐ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☐ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons ____ No. Employees ____ ☒ Crawl Space

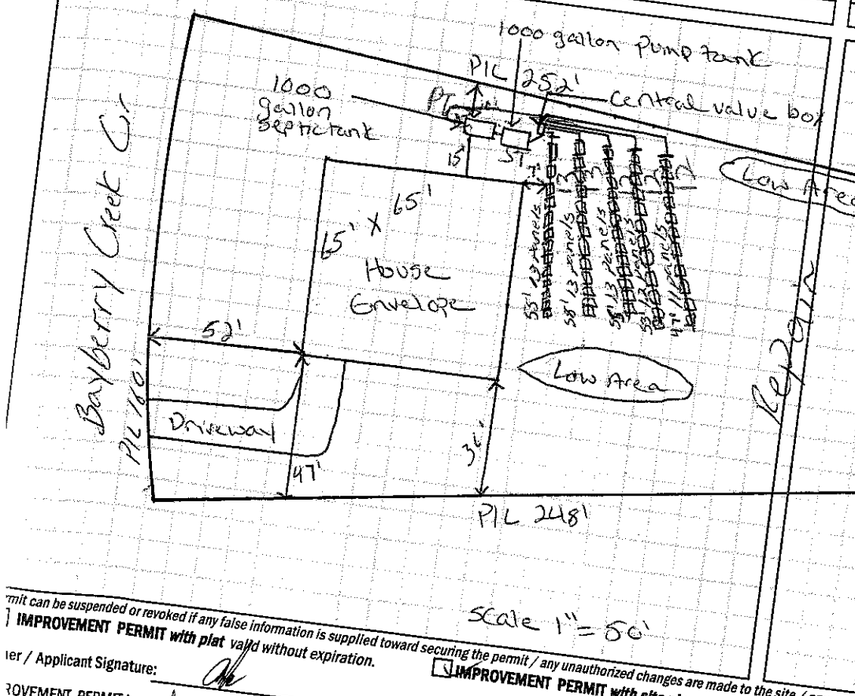
☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

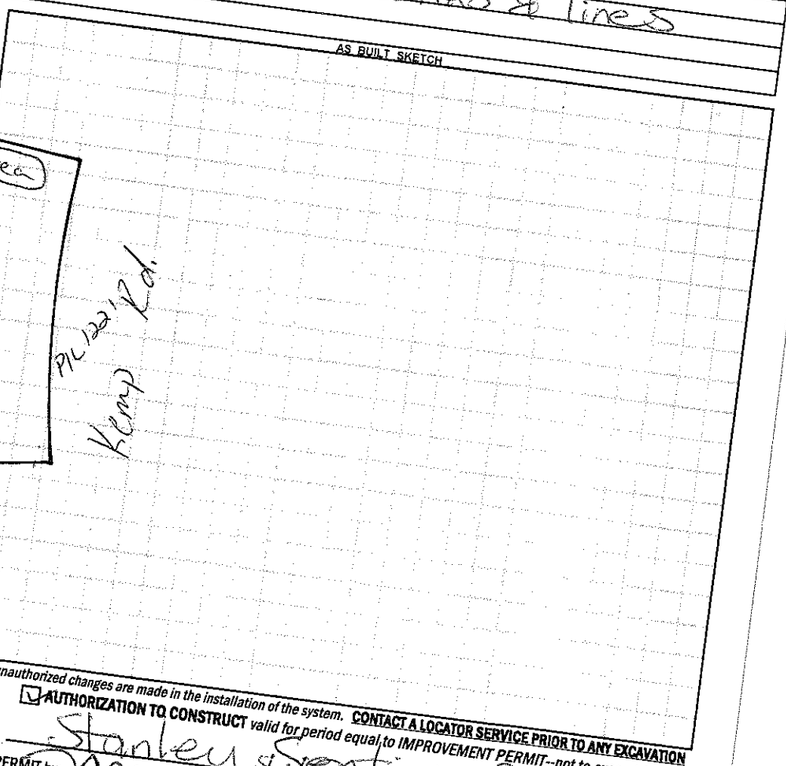
Comments / Conditions: Install a low pressure PPBPS system as shown below.

3/16" Solar drilled 4/23/13 Checked tanks & lines

INITIAL SITE SKETCH



AS BUILT SKETCH



rmit 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 plat*** 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.

ıer / Applicant Signature: _____ Date: 3/18/13 (A) Installed by: Stanley Stephens RS

ROVEMENT PERMIT by: Justin Henderson Date: 1-3-13 OPERATION PERMIT by: Marion Henderson Date: 5/29/13

ORIZATION TO CONSTRUCT by: Justin Henderson Date: 1-3-13 Existing System Inspected by: _____ Date: _____

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