IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 170513 PIN # 4626038 4001.329 DATE 3-26-2012 4626278564

OWNER T. Whalen Homes APPLICANT: Same PHONE: Home/Cell # 704 400-8932 Business #

SITE ADDRESS 156 Alder Springs M'ville OWNER / APPLICANT ADDRESS P.O. Box 4419 Mooresville, NC 28117

SITE DIRECTIONS Brawley School Rd TR McKendree TL Kemp TR Alder Springs at end

SUBDIVISION The Farms BLOCK / SECTION 3 LOT # 329 LOT AREA 1.02 Ac DESIGN FLOW 600 gpd L.T.A.R. .3 Inf. / .25 Rep.

Septic Tank 1500 Gallons: STB 444 Date 11-14-11 ☒ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI ☒ Residence No. Bedrooms 5 Water Supply

Pump Tank ____ Gallons: P T ____ Date ____ System Description: Gravity - 25% Reduction ☐ Business No. Persons ____ ☐ Private

Pump Make ____ Model ____ Serial # ____ Repair System Description: LPP Panel Block ☐ Other No. Employees ____ ☐ Public

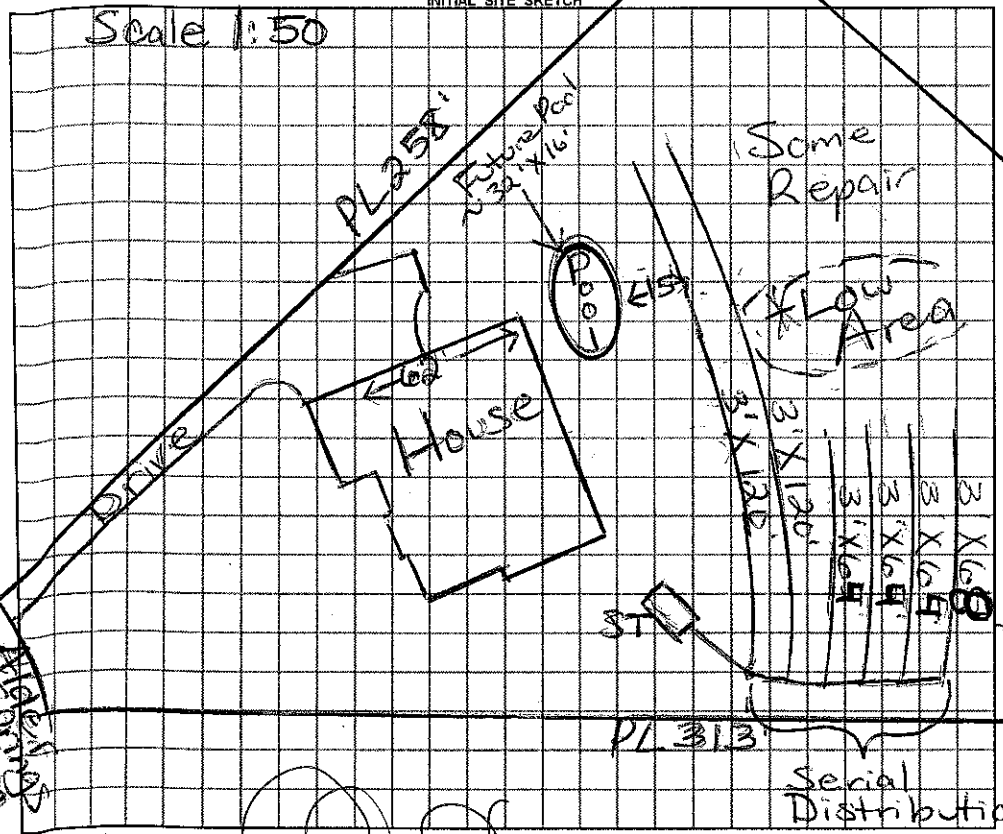
No. Nitrification Fields: 1 No. Lines 6 Linear Feet 500' Maintenance Agreement Required ☐ YES ☒ NO ☐ Slab ☒ Crawl Space ☒ Community

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A ☒ GRAVITY ☐ PRESSURE ☐ Basement w/plumbing ☐ Basement w/o plumbing

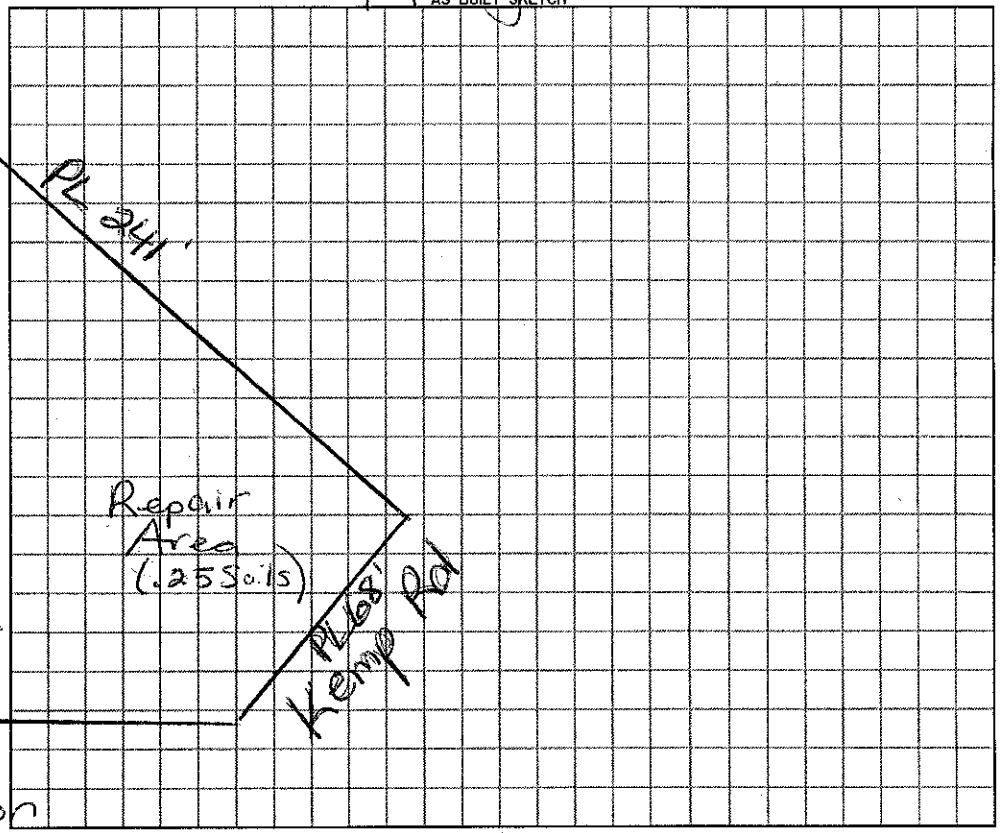
Comments / Conditions: Any Future Pool must be 15ft from Septic System.

* Fill in "Low Area" with Suitable material & pack in well.
Use "Serial Distribution" if end feeding of may Centerfeed top, longer lines with Dist. Box.

INITIAL SITE SKETCH



AS BUILT SKETCH



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.

☐ *IMPROVEMENT PERMIT* with plat valid without expiration ☐ *IMPROVEMENT PERMIT* with plat valid without expiration, site plan valid 60 mo. ☐ *AUTHORIZATION TO CONSTRUCT* valid for period equal to IMPROVEMENT PERMIT–not to exceed 60 mo.

Owner / Applicant Signature: ____ Date ____ Installed by: L.E. Beam Const. & Grading

IMPROVEMENT PERMIT by: [signature] REHS Date 3/26/2012 OPERATION PERMIT by: [signature] REHS Date 5-4-12

AUTHORIZATION TO CONSTRUCT by: [signature] REHS Date 3/26/2012 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant