IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180811

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

PIN # 4626365737

APPLICANT: TIM WHELAN APPLICANT ADDRESS: 227 GRAYLAND RD MOORESVILLE

SITE ADDRESS: 307 BAYBERRY CREEK CIRCLE MOORESVILLE PHONE: ALT. PHONE:

SITE DIRECTIONS: BEAVER SCHOOL - TR MCKENDREE - TL 1ST KEMP - TR ALDER SPRINGS - TL BAYBERRY - ON LS

SUBDIVISION: FARMS SECTION: LOT # 380 LOT AREA: 1.179 AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 338 Date 3-10-14
Pump Tank 1500 (gal) PT 477 Date 2-18-14
Pump Make Goulds 3/4HP Model WE07124C Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 500
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 25% REDUCTION
Repair System Description: LP PUMPS
Maintenance Agreement Required: ☐ YES ☑ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☑ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing
No. Bedrooms 3 No. Persons 10 No. Employees

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

Upper 3 ditches 31 chambers, lowest ditch has 32 chambers
4/21/14 Checked Quick 4 Chamber drainlines & tanks

INITIAL SITE SKETCH

SEE KATHLEEN SAUNDERS, LSS PLAN

AS BUILT SKETCH

4/28/14 Set 3ft pressure

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 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.*

Owner / Applicant Signature: Kathleen Saunders Date: 9-9-13 Installed by: L.E. Brown

IMPROVEMENT PERMIT by: [signature] Date: 9/6/13 OPERATION PERMIT by: [signature] RS Date: 6/11/14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/6/13 Existing System Inspected by: Date:

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