IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 119547

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

PIN # 4626482590

APPLICANT: Tim Whelan Homes APPLICANT ADDRESS: P.O. Box 4419 Mooresville, NC 28117

SITE ADDRESS: 127 Ewart Place Mooresville, NC 28117 PHONE: - ALT. PHONE: 704 406-8932

SITE DIRECTIONS: Brawley School Rd TR McKendree TL Bayberry TL Ewart at End

SUBDIVISION: The Farms SECTION: LOT # 414 LOT AREA: .394Ac. DESIGN FLOW: 480gpd L.T.A.R.: .3

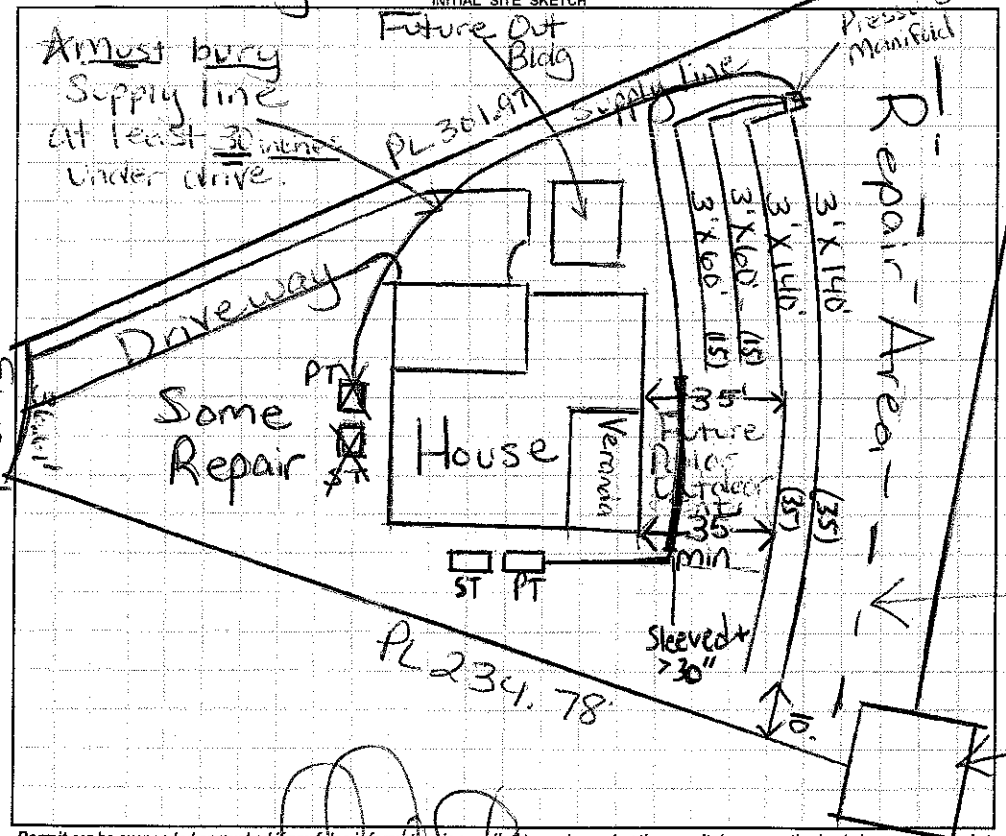
Septic Tank	X 1000 min (gal)	STB 444	Date 11-13-13	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT 283	Date 11-13-13	System Description: Pump-PM-25% Reduction		☐ Business	No. Persons	☒ Private
Pump Make		Model	Serial #	Repair System Description: Pump-4 Panel Blk		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 4	Linear Ft: 400'	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: * Refer to Crescent Communities On Site Wastewater manual for requirements Note: If surface/storm water is diverted than tanks may be installed on side of house.

This replaces previous permit from 11/4/05.

* Use 3/4" sch 40 tap for 140ft lines and 1/2" sch 80 taps for 60ft lines.

INITIAL SITE SKETCH



AS BUILT SKETCH

* Checked lines, Set Pressure Head, taps were wrong, Recheck required AZP 12-19-13

* PM checked Taps are correct, Chambers used (IQ4W), Aqua Work control panel, pressure reset, electrical checked 1-2-14 AZP

* Divert surface water coming off Berm

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: Date: Installed by: L.E. Beam

IMPROVEMENT PERMIT by: RS Date: 8/22/13 OPERATION PERMIT by: Date: 1-2-14

AUTHORIZATION TO CONSTRUCT by: Date: 8/23/13 Existing System Inspected by: Date:

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