IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 217985

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

PIN # 4626-67-1380 56-9921

APPLICANT: IQ Custom Construction APPLICANT ADDRESS: 840 Edmiston Rd Mt. Ulla 28125

SITE ADDRESS: 104 Millhouse Rd. Mooresville, NC 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: BSR towards Lake Norman → Right on McKendree Rd → Right on Millhouse → Lot on corner @ right.

SUBDIVISION: Meadows Field SECTION: LOT # 1 LOT AREA: 0.477 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	823	Date	7/15	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction w/ serial distribution			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	50% Reduction (LP-PPBPS)			
# Nitrification Fields	1	# Lines	6		Linear Ft:	480	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth	24"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☒ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Recommend pumping septic tank every 3-5 years and cutting back all non-grass vegetation at least 10' from all sewage disposal system components. Proof of lot subdivision must be provided to the health department prior to AC being issued + corresponding lot dimensions must exactly match those in attached plan documentation.

INITIAL SITE SKETCH

See attached plans from The Oaks Group Dated 3-22-16 Kathleen Saunders LSS # 1313

*- Approved plat (recorded) provided to the department on 5-11-16. -TR

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

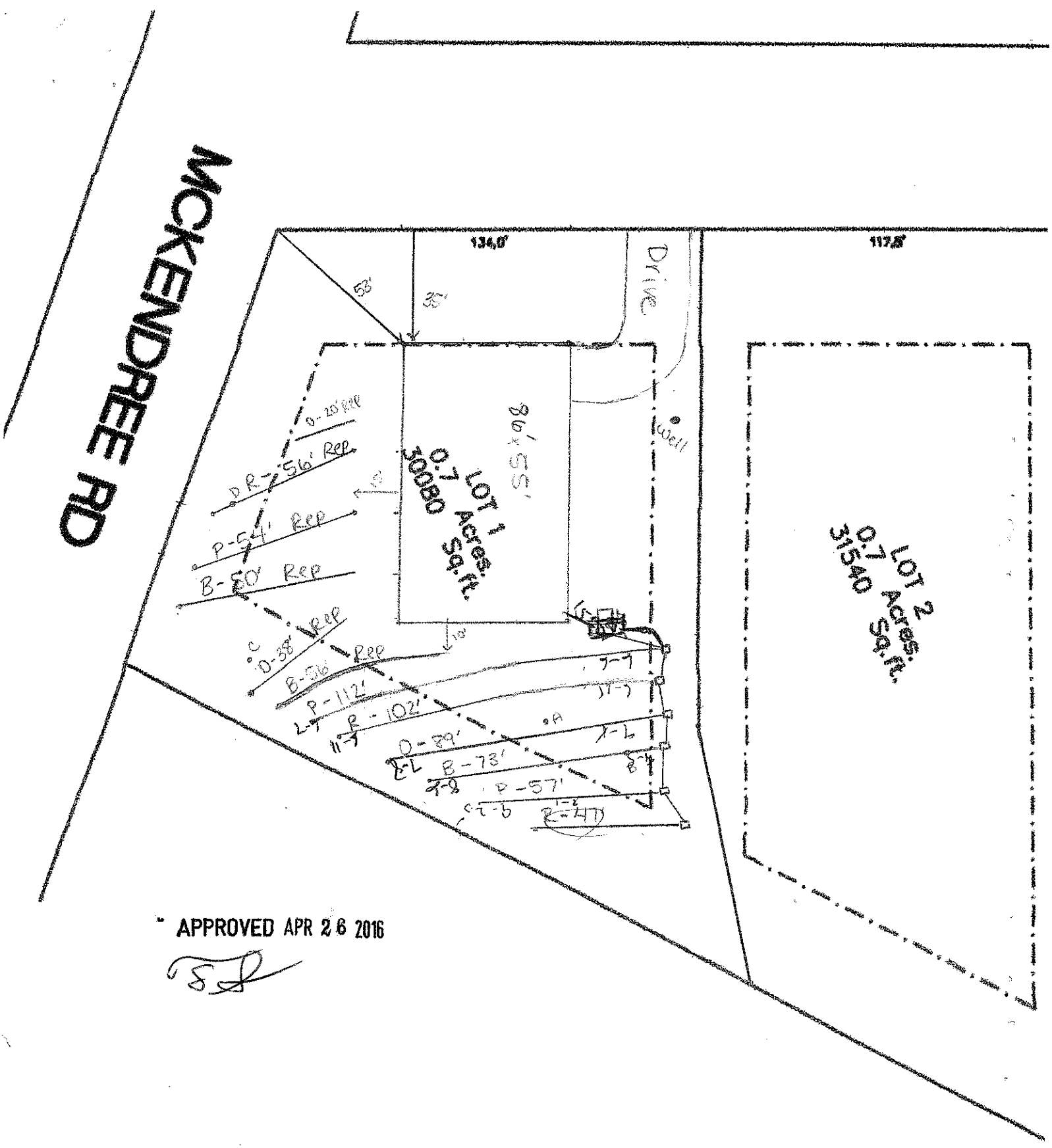
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Erma Kelly Date: 4/27/16 Installed by: Bowen Septic Tank

IMPROVEMENT PERMIT by: Thomas Shuck Date: 4-26-16 OPERATION PERMIT by: W Sparks Date: 8/26/16

AUTHORIZATION TO CONSTRUCT by: Thomas Shuck Date: 5-11-16 Existing System Inspected by: Date:

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



APPROVED APR 26 2016

1" = 40'