2.5

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215863

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

PIN # 4626-62-2749.000

APPLICANT: DEO LLC APPLICANT ADDRESS: PO Box 1579 / 6883 Summit Hill Dr Denver NC 28037

SITE ADDRESS: 111 Jack Pine Ct, Mooresville NC PHONE: 704-733-8831 ALT. PHONE: 704-230-9121

SITE DIRECTIONS: I-77 N, TR South Fork, TL Freshwater, TR Ragsdale, TL Jack Pine

SUBDIVISION: The Farms SECTION: 2 LOT # 222 LOT AREA: .930 Acre DESIGN FLOW: Ex. 480 GPD L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	Ex 4	Water Supply
Pump Tank	Existing	(gal)	PT		Date		System Description: Existing LPP PPSPS		☐ Business	No. Persons	Ex 8	☐ Private
Pump Make	Ex.	Model			Serial #		Repair System Description: LPP PPSPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	Ex.	# Lines	Ex.		Linear Ft:	Ex.	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space		☒ Community
Trench Width	Ex.	Max. Trench Bottom Depth	Ex.		Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

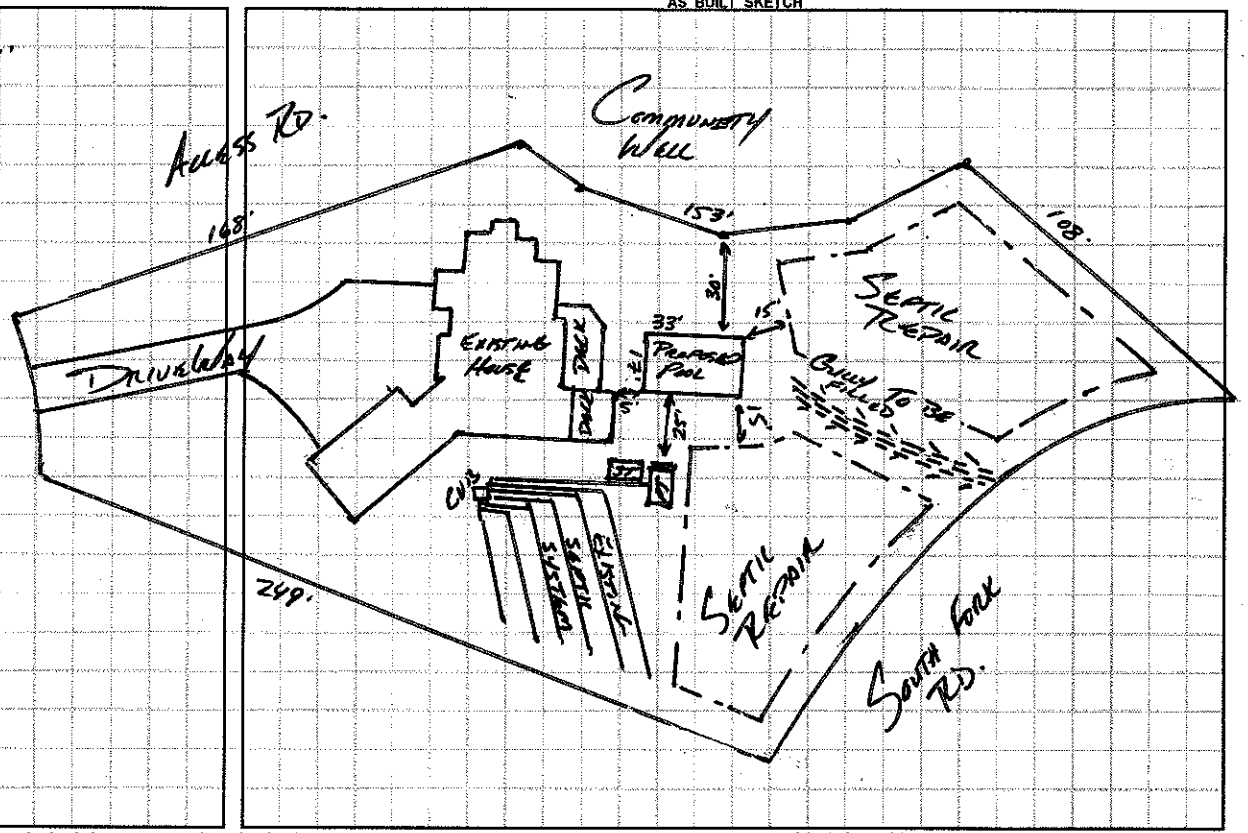
Comments / Conditions: Existing System Approved To Be Functional @ Time of Inspection.
If Repair is Ever Utilized, Gully Must Be Filled.

INITIAL SITE SKETCH

1" = 60'

Jack Pine Ct.

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: _____ Date: 2-4-16 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ APPROVED JAN 27 2016

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