IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 205014

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

PIN # 4626815930

APPLICANT: Thomas Aldrich | APPLICANT ADDRESS: 107 Coral Bells Ct Mooresville, NC

SITE ADDRESS: 238 Wildharbor Mooresville, NC | PHONE: | ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TL Great Point TL Wild Harbor at end on right

SUBDIVISION: The Point on Norman | SECTION: 3 | LOT # 310 | LOT AREA: .880 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	~~1500~~ (gal)	STB 338	Date 5-5-16	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 283	Date 5-7-16	System Description:	Pump - PM-25% Reduction			[ ] Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	Same			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft: 400'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth 36"		Gravel Depth	N/A	[ ] GRAVITY	[X] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

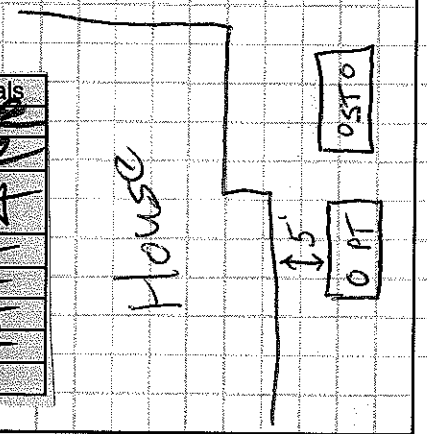
Water Supply: [ ] Private [ ] Public [X] Community

Comments / Conditions: ~~*~~ per plan specs
~~*~~ This permit replaces previous permit dated 8-5-14

See plans Specs for distribution regarding Number of laps
8/4/15 Reviewed Floor plans, in Compliance with Septic plan

INITIAL SITE SKETCH

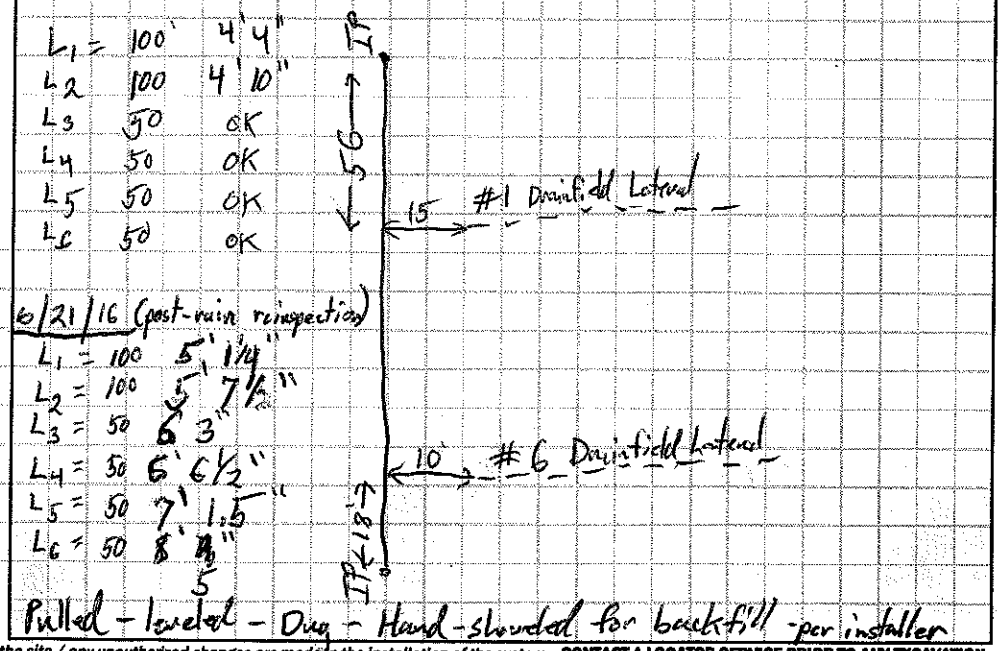
See attached, approved plan by Michael Athanas & Assoc. dated July 8, 2015



	Date	Initials
Drain Lines Checked 6/15/16 - 6/21/16		[illegible]
Tanks Checked	6/15/16	[illegible]
Pressure Manifold or Valve Box Checked	7-11	RA
Pressure Head Set		RA
Electrical Checked		RA
Floats Set		RA
Alarm Checked		RA
Maintenance Contract Y (N)		

AS BUILT SKETCH

6-15-16: Dellinger Top-seam 1500-Gal septic tank. [w/ a Polylok PL-68 filter]
Top seam Dellinger 1000-gal pump tank.



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 7/31/15 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] RS Date: 7/11/15 | OPERATION PERMIT by: [signature] Date: 7-11-16

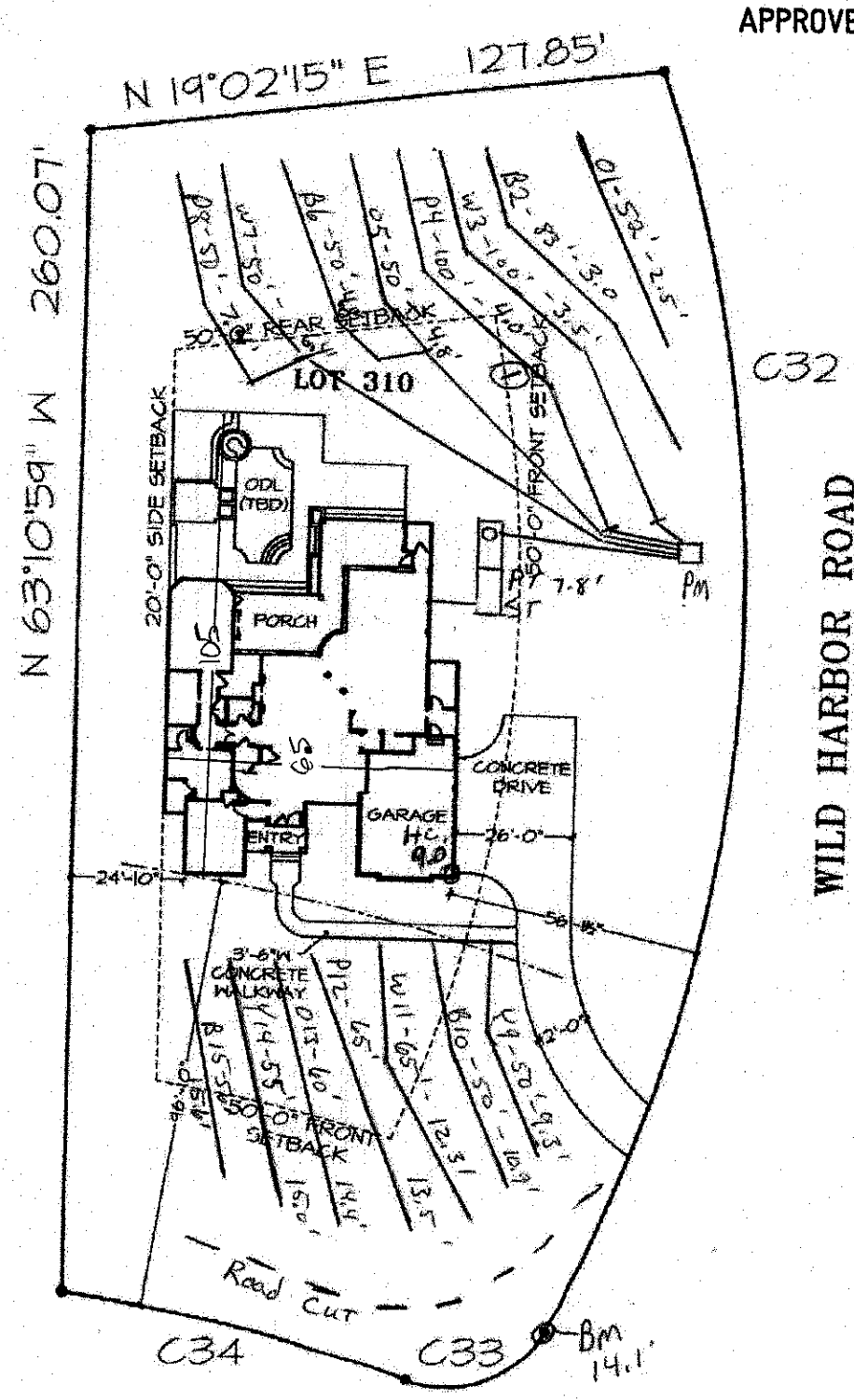
AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/4/15 | Existing System Inspected by: Date:

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

Arthur Rutenberg Homes

6/2/15
NEW LAYOUT

APPROVED JUL 11 2015



Scale
1" = 40'

CURVE DATA