IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202615

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

PIN # 4626831506

APPLICANT: Harris Construction Group (Bob Voiles) APPLICANT ADDRESS: 9935D Rea Road #210 Charlotte NC 28277

SITE ADDRESS: 152 East Callicutt Trail Mooresville, NC PHONE: 704 202-3791 ALT. PHONE: Bob 704 295-0094

SITE DIRECTIONS: Brawley School Rd TR Southfork TR Kapp TR East Callicutt at end

SUBDIVISION: The Farms SECTION: 1 LOT # 32 LOT AREA: 2.3 Acre DESIGN FLOW: 480gpd W.T.A.R.: .3

Septic Tank: 1 min. 1000 (gal) STB 390 Date 9-31

Pump Tank 1500 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft: 400

Trench Width 36" Max. Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II ⓘ IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

Gravel Depth: Repair 11" N/A ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

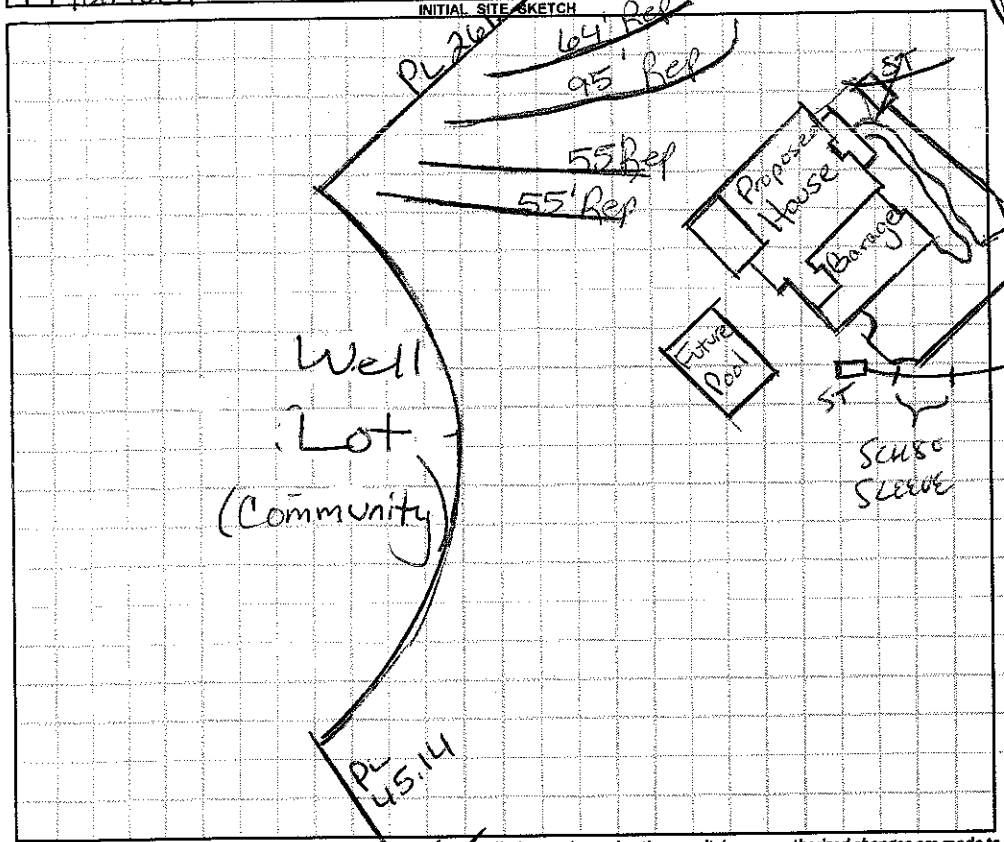
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: * Use tank size as called for in Crescent Communities On Site Sewage Manual

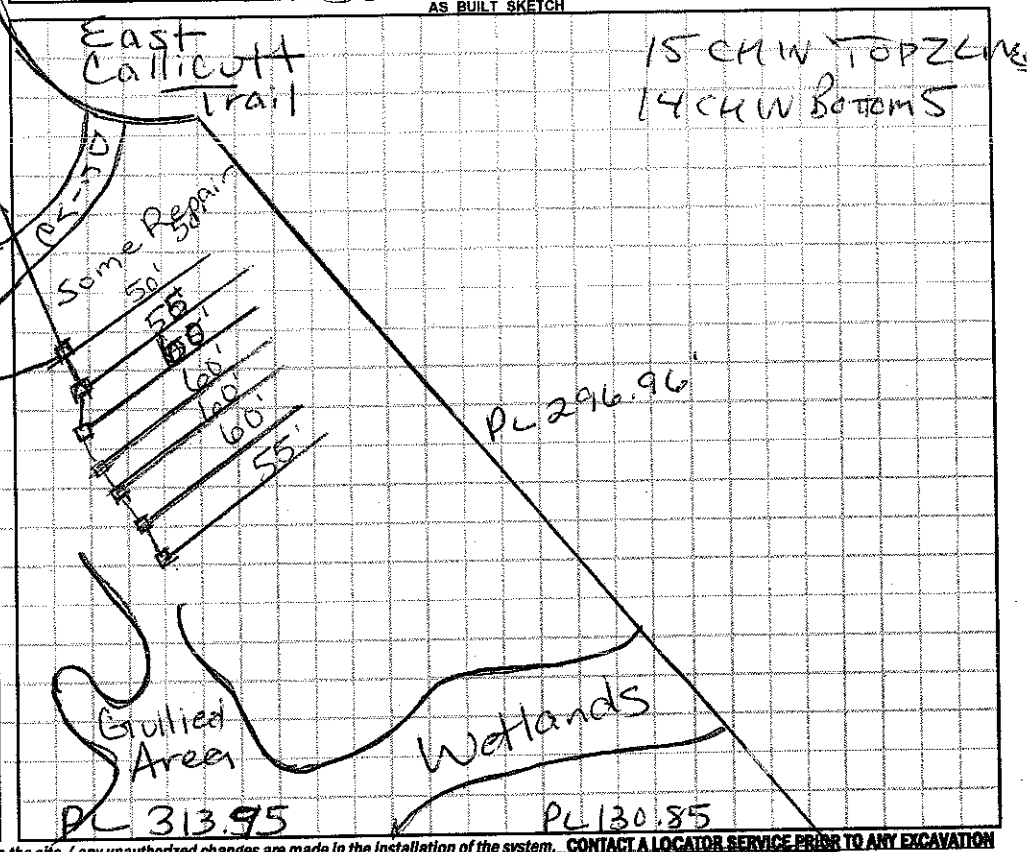
* This permit replaces previous permit dated 8-30-06

Note: Supply line under drive must be buried at least 30 inches or sleeved in ductile iron

INITIAL SITE SKETCH



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: 6/9/14 Installed by: GUNTER

IMPROVEMENT PERMIT by: Maria H Dotson RS Date: 6/9/14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria H Dotson RS Date: 6/9/14 Existing System Inspected by: Date:

APPROVED DEC 05 2014

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