IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209920

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

PIN # 4626-86-8743

APPLICANT: Momentum Homes LLC APPLICANT ADDRESS: 380 Performance Rd. Mooresville

SITE ADDRESS: 131 Tall Oak Dr. PHONE: 704-799-0206 ALT. PHONE:

SITE DIRECTIONS: BSR, TR Poplar Grove, TR Tawny Bark, TL Tall Oak, C End

SUBDIVISION: Poplar Grove SECTION: LOT # 20 LOT AREA: ~.7AC DESIGN FLOW: 360 L.T.A.R.: .3 (.25R)

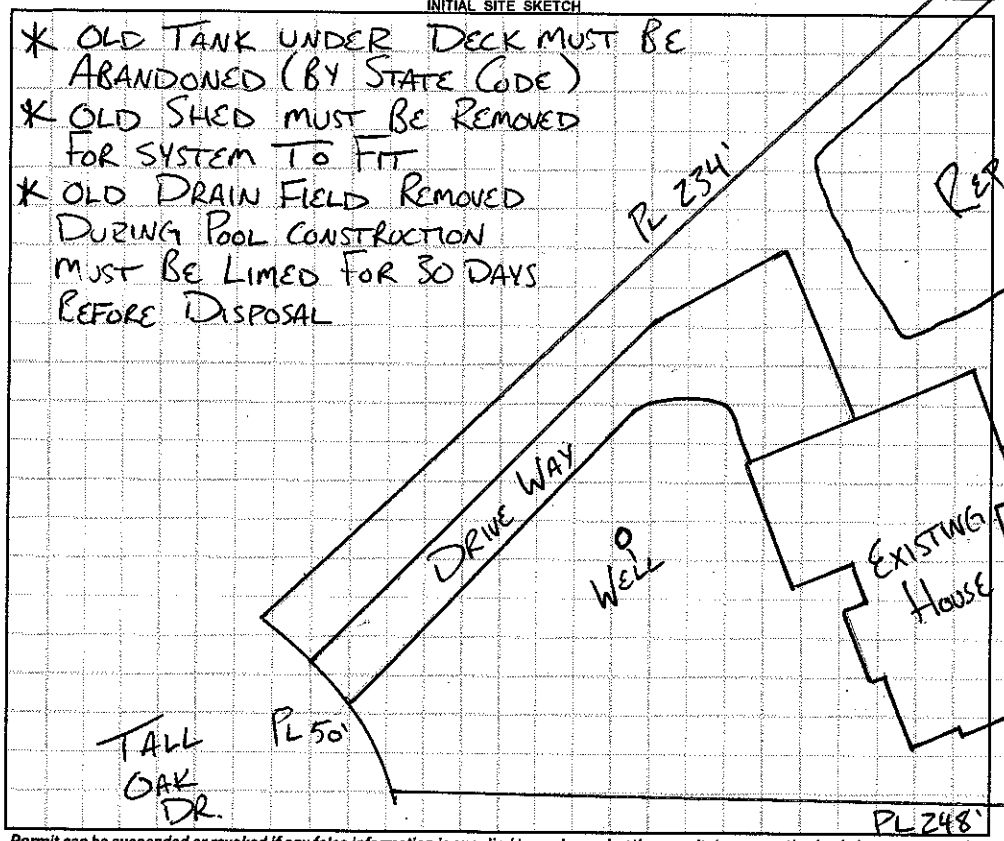
Septic Tank	1000	(gal)	STB	INFILTRATOR	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	PANEL BLOCK			
Pump Make		Model			Serial #		Repair System Description:	SAME (LP)			
# Nitrification Fields	1	# Lines	5		Linear Ft:	200'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24"	Max. Trench Bottom Depth	36"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☐ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons		☒ Private	
☒ Other Pool	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

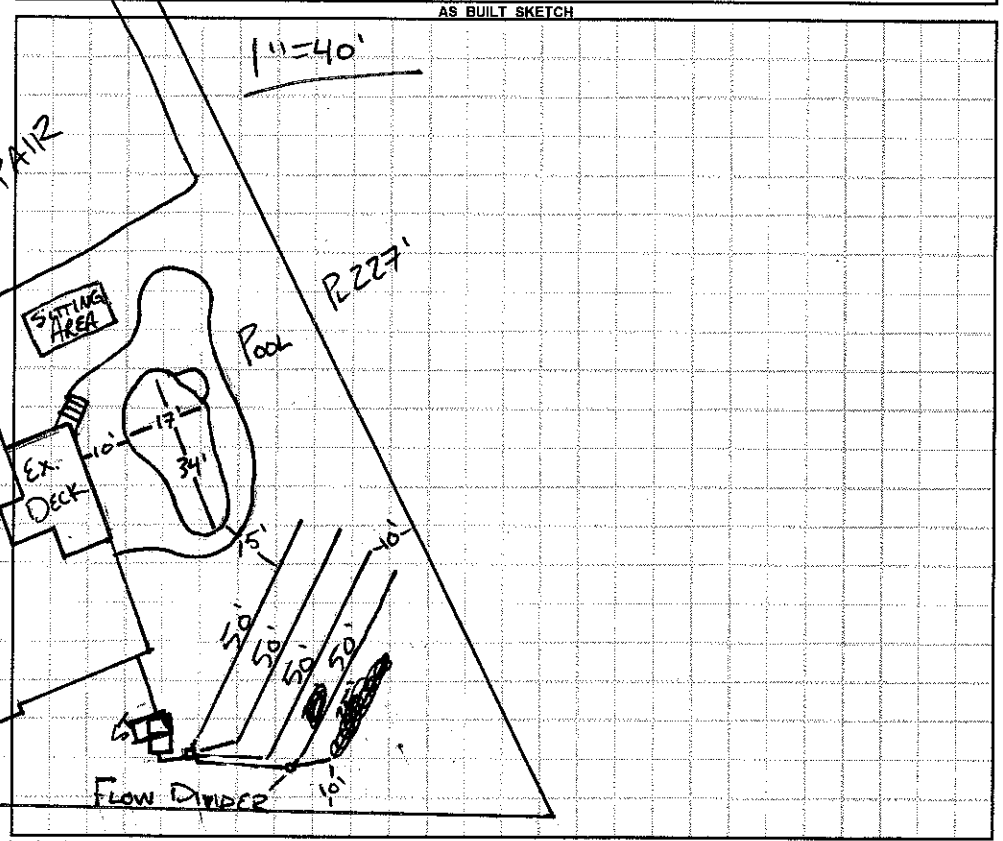
Comments / Conditions:

INITIAL SITE SKETCH

* OLD TANK UNDER DECK MUST BE ABANDONED (BY STATE CODE)
* OLD SHED MUST BE REMOVED FOR SYSTEM TO FIT
* OLD DRAIN FIELD REMOVED DURING POOL CONSTRUCTION MUST BE LIMED FOR 30 DAYS BEFORE DISPOSAL



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: Brian Montgomery Date: 9-14-15 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: [signature] Date: 9-8-15 OPERATION PERMIT by: [signature] Date: 10-23-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-23-15 Existing System Inspected by: Date:

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