IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212186

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

PIN # 4627-00-6548

APPLICANT: John Donaldson / Mark Ingle APPLICANT ADDRESS: 1053 Muirfield Dr. Mooresville

SITE ADDRESS: 129 Courtney Ln. - Mrsvl PHONE: 704-574-0206 ALT. PHONE:

SITE DIRECTIONS: RSR, TR McKendree, TR Lakeview Shores, TL Abbott, TR Lakeview Shores TL Courtney, on L

SUBDIVISION: CLET SECTION: 8 LOT # 284 LOT AREA: .68 AC DESIGN FLOW: 480 L.T.A.R.: .3

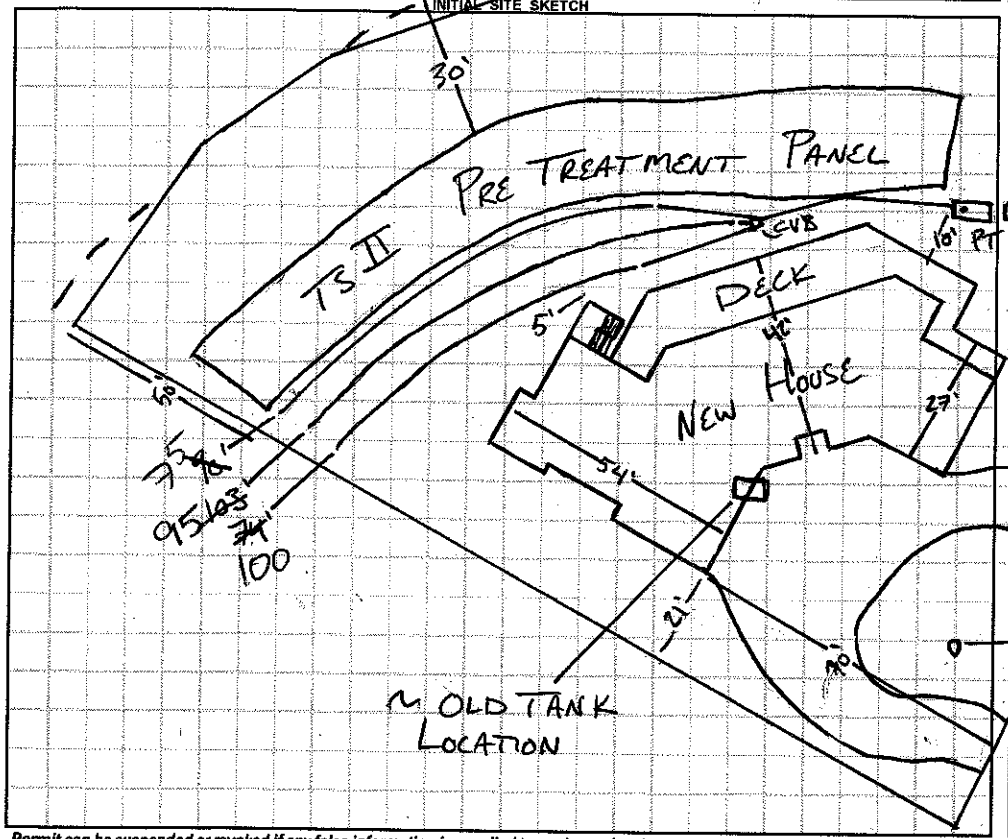
Septic Tank	1000 (gal)	STB	994	Date	7-26-16	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	27	Date	6-7-16	System Description:	LP Panel Block	☐ Business	No. Persons
Pump Make	Zoeller	Model	N123	Serial #		Repair System Description:	TS II Panel Block	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	267'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☐ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

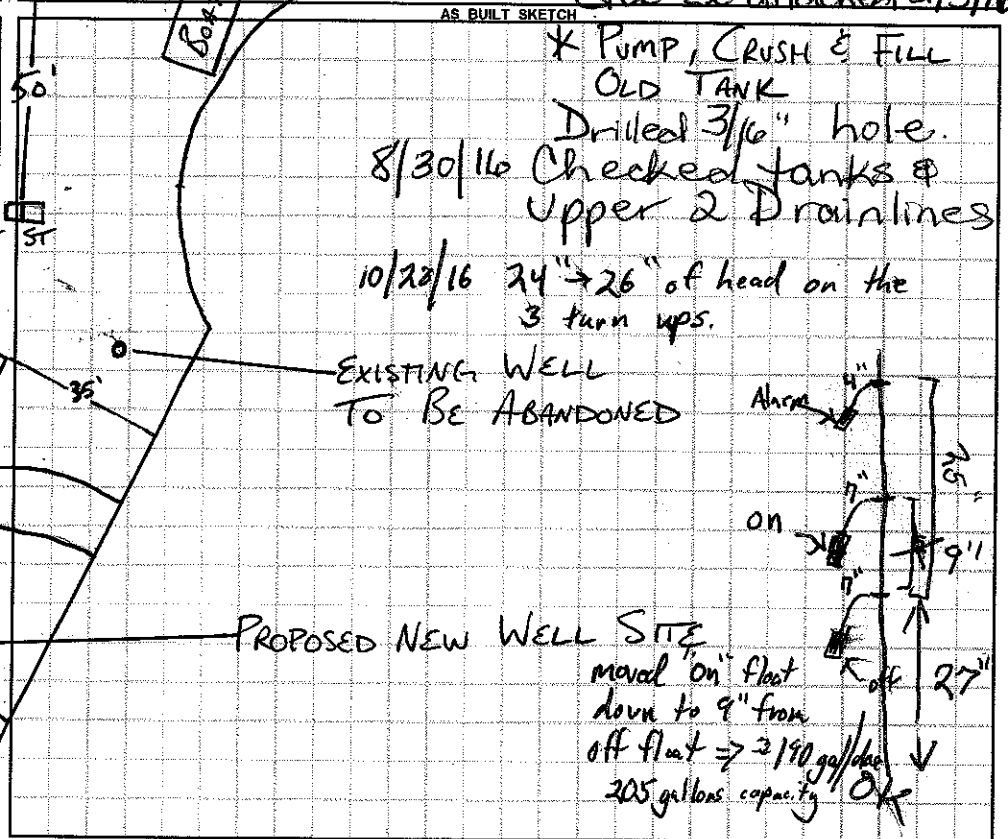
Comments / Conditions:

* Existing Well Must Be Abandoned Before AC is Issued
GW-30 attached 2/3/16

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: [signature] Date: 8-19-15

IMPROVEMENT PERMIT by: [signature] APPROVED AUG 13 2015 Date:

AUTHORIZATION TO [illegible] Date: 2/3/16

Installed by: Russell Williams Tom Church

OPERATION PERMIT by: Date: 11/18/16

Existing System Inspected by: Date:

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

LAST LINE	Date	Initials
Drain Lines Checked 2 of 3	8/30/16	MD / BA
Tanks Checked	8/30/16	MD
Pressure Manifold or Valve Box Checked		BA
Pressure Head Set	10/28/16	BA
Electrical Checked Needs repairs to breaker 11-3-16	10/28/16	BA
Floats Set	10/28/16	BA
Alarm Checked	10/28/16	BA
Maintenance Contract (Y) N	11/17/16	