IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 4627604276e PERMIT # 139363

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

PIN # ~~4626581913~~

APPLICANT: Kearey Builders APPLICANT ADDRESS: 1210 Dove Ave, Statesville, NC 28687

SITE ADDRESS: 242 Grasshopper Circle PHONE: 704 883-9811 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Grasshopper TL @ fork on Right

SUBDIVISION: The Farms SECTION: 5 LOT # 600 LOT AREA: .891 Ac. DESIGN FLOW: 600gpd L.T.A.R.: .25

Septic Tank	1500 (gal)	STB	444	Date	9-14-13	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1500 (gal)	PT	477	Date	9-14-13	System Description:	LPPPBPS		
Pump Make	Gaulos	Model	WE0512HHU	Serial #		Repair System Description:	LPPPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft:	400	Maintenance Agreement Required:	☒ YES	☐ NO	
Trench Width	min. 24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 5 No. Persons ____ No. Employees ____ ☒ Crawl Space

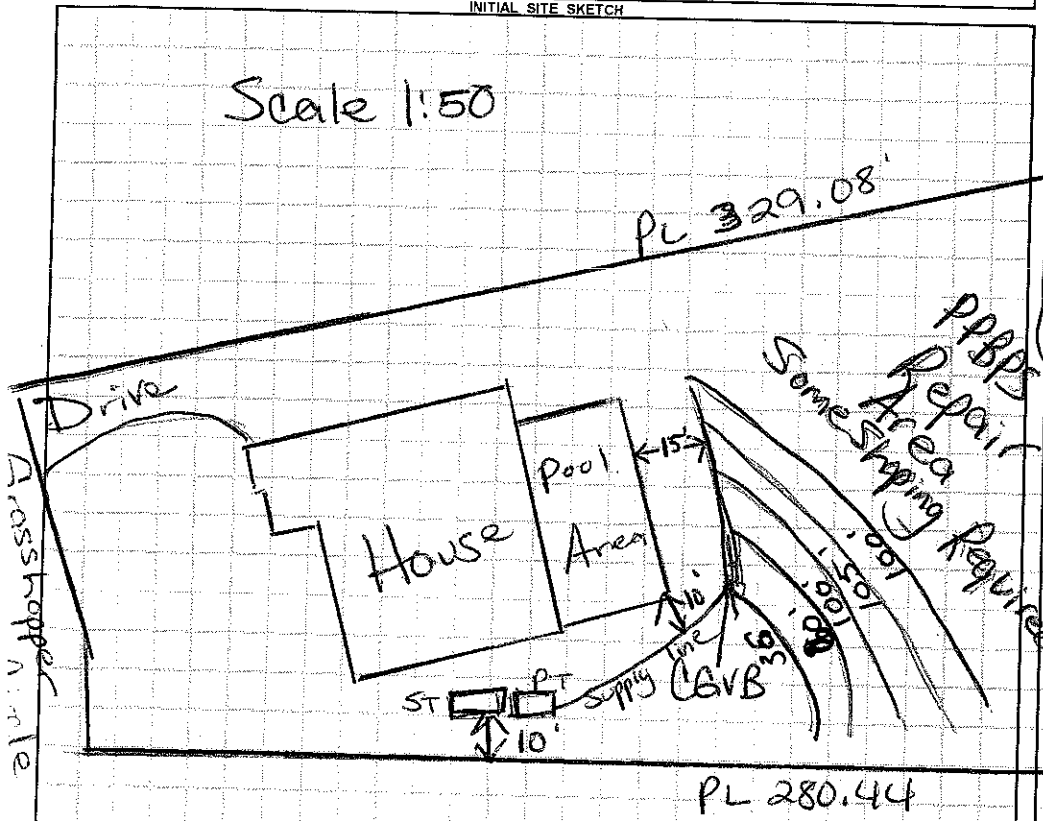
Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

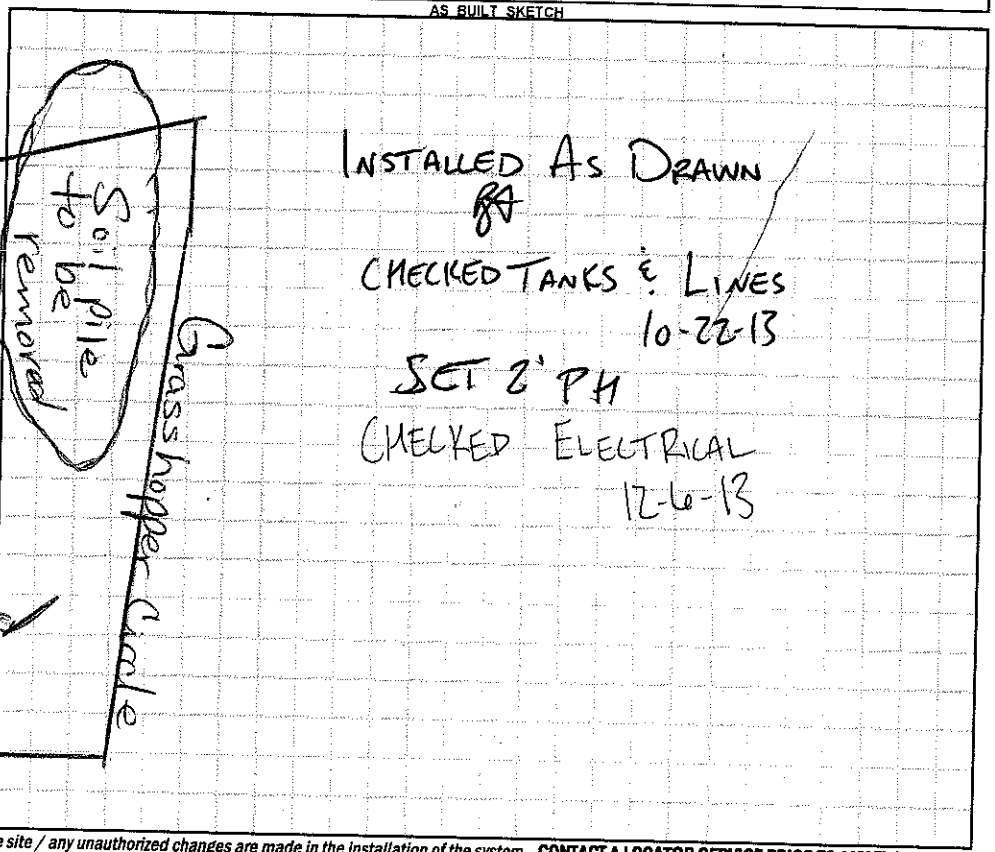
Comments / Conditions: ☒ Must Keep Septic System 5ft From Pool Cut & Supply line must be at least 10ft from Pool Cut

☒ This permit replaces previous permit dated 5/3/13

INITIAL SITE SKETCH



AS BUILT SKETCH



INSTALLED AS DRAWN
BA
CHECKED TANKS & LINES
10-22-13
SET 2' PH
CHECKED ELECTRICAL
12-6-13

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: B. McDaniel Date: 10-16-13

IMPROVEMENT PERMIT by: Maria H. Dotson RS Date: 10/10/13

AUTHORIZATION TO CONSTRUCT by: Maria H. Dotson RS Date: 10/15/13

Installed by: ORRISON

OPERATION PERMIT by: BA Date: 12-6-13

Existing System Inspected by: ____ Date: ____

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