IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207315

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

PIN # 4627-84-1909

APPLICANT: Ann Pardue APPLICANT ADDRESS: 120 E FREEDOM WAY 638 CINCINNATI OH 45202

SITE ADDRESS: 143 Asbury Cir; Mrsvl. PHONE: 513-780-2113 ALT. PHONE:

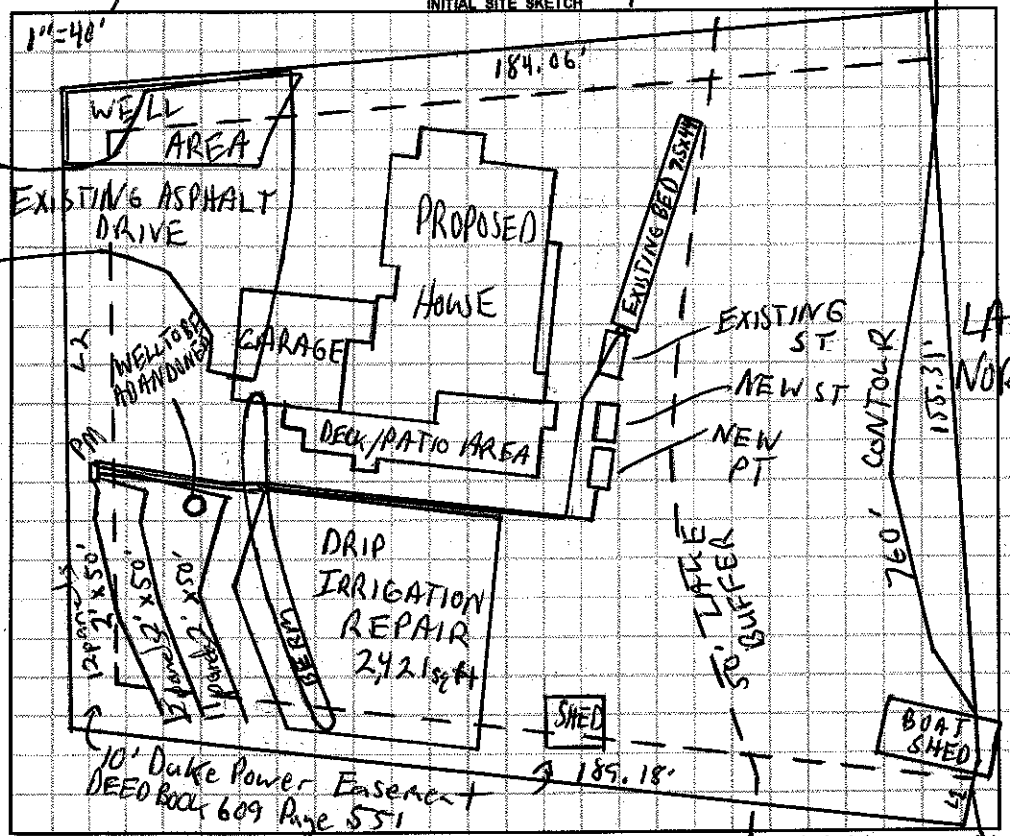
SITE DIRECTIONS: Bawley Sch, TR on Blume, TL on Beaten Path, Continue to split, Bare L on Asbury, Lot on L

SUBDIVISION: CL&T SECTION: 9 LOT # 78 LOT AREA: 0.65 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.27

Septic Tank	1000	(gal)	SF	Fiberglass	Date	tanks	☐ New System	☐ Repair	☑ Expansion	System Type: I II III IV V VI		☑ Residence	No. Bedrooms	4	Water Supply		
Pump Tank	1000	(gal)	PT		Date		System Description:	PM PBBPS & Existing Bed				☐ Business	No. Persons	8	☑ Private		
Pump Make	Zoeller	Model	WE0512HH		Serial #		Repair System Description:	LE Drip Irrigation TS-II				☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1	# Lines	3		Linear Ft:	150'	Maintenance Agreement Required:	☐ YES	☑ NO			☐ Slab	☑ Crawl Space		☐ Community		
Trench Width	24" Min.	Max. Trench Bottom Depth	36"		Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: IP ONLY until EXISTING well is abandoned -EXISTING ST to be pumped, crushed and backfilled, install a Distribution box on Existing bed if one doesn't already exist. Small berm at top of repair to be removed before repair is installed; System can be installed within 5' of property line -SEE ATTACHED EMAILS FROM DUKE POWER CONCERNING USEAGE OF EASEMENT

INITIAL SITE SKETCH



AS BUILT SKETCH

6/23/15 Reviewed Floor plans, in Compliance with IP.

IAP SIZES REQUIRED

(3) 50' PPBPS LINES 1/2" SCH 80
EXISTING BED 1" SCH 80

Dose = 4 min
3/10/16 Check tanks, line & Set 2ft pressure

	Date	Initials
Drain Lines Checked	3/10/16	MD
Tanks Checked	3/10/16	MD
Pressure Manifold or Valve Box Checked	3/10/16	MD
Pressure Head Set	3/10/16	MD
Electrical Checked		
Floats Set	3/10/16	MD
Alarm Checked		
Maintenance Contract Y / N		

NO seal PT lid needs to be 6" above grade

ASBURY CIR.

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: TRann Date: 4-2-15 Installed by: Stanley

IMPROVEMENT PERMIT by: [signature] Date: 4-2-15 OPERATION PERMIT by: Maria Dotson Date: 4/20/16

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 6/23/15 Existing System Inspected by: Date:

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