IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# Repair PIN# 4629-60-6482 DATE 5/15/01

OWNER OR CONTRACTOR Kris Davis PHONE: ~~Business~~ Cell #-(704) 651-6162 Home (704) 528-3460

ADDRESS 176 Allendale Circle Troutman N.C. 28166

LOCATION Monson Farm Rd to end, (R) Allendale Circle, 5th on Right

SUBDIVISION Allendale Point BLOCK / SECTION — LOT 8 LOT AREA _____ SITE CLASS IV DESIGN FLOW 360 L.T.A.R. _____

Septic Tank 1,000 Gallons: STB _____ Date _____

Pump Tank: 1,000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet equivalent to 360 Linear Feet 165

No Lines 5 Trench Width 36" Max Trench Bottom Depth ~~36~~ 36" Gravel Depth Sand-6" ☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

☐ New System X Repair System Type: I. II. III. (IV.) V. VI

System Description: _____

Repair System Description: Pump & Pressure dose Panel

Maintenance Agreement Required: X Yes ☐ No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ___

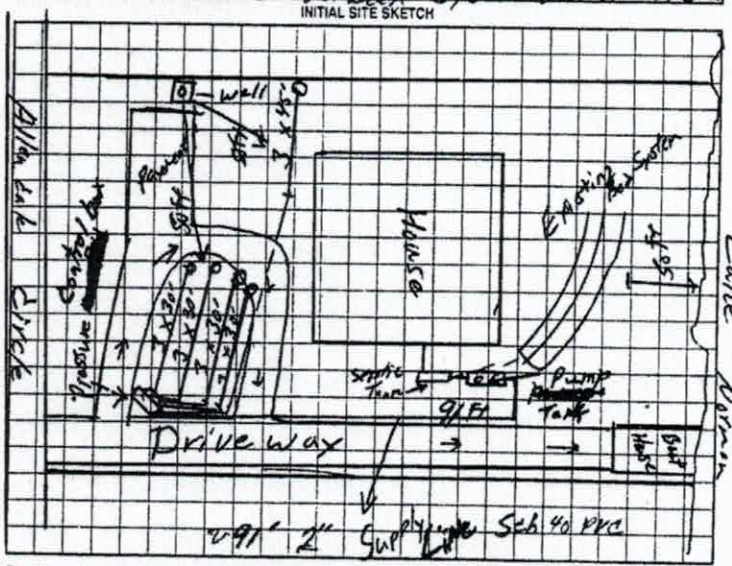
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community

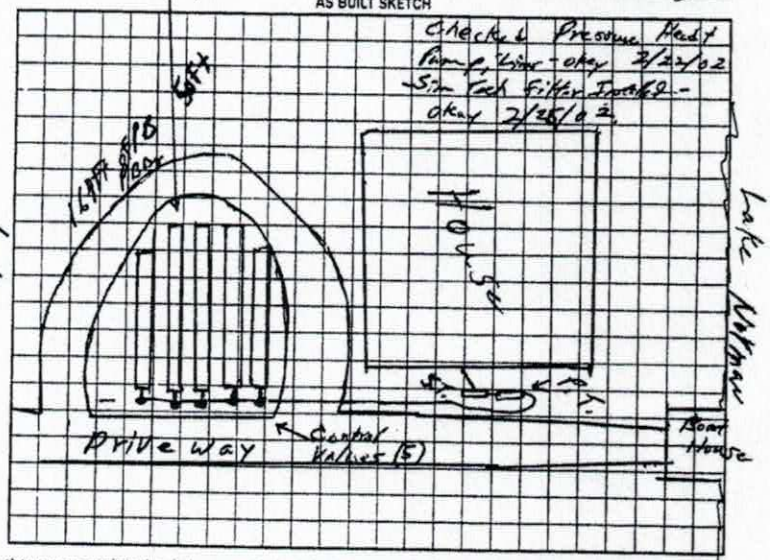
Comments/Conditions: ① Install 4- 30ft Lines and one (1) 45 ft Lines of Pressure dosed PBBS (Panels) System ② keep 50ft off property lines + 50ft From well ③ ~~[redacted]~~ A Contract shall be executed between System owner and a ~~[redacted]~~ Septic Tank Pumper

Comments/Conditions: Management Entity prior to issuance of operation permit. (39 Panels Footage - 1695ft) Expand & Alarm + Electrical 12/17 - wf

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: M. Lynn date _____ Installed by: Richard Abernathy

Improvement Permit by: William O. Johnson date 5/15/01 Operation Permit by: William O. Johnson date 3/25/02

Authorization to Construct by: William O. Johnson date 5/14/01 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Kris Davis	528-3460	178 Allenbrook Circle	Troutman	NC	28166
Current Property Owner		Mailing Address	City	State	Zip Code
Kris Davis		↑	↑	↑	↑

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Well		

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing ✓

Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa ✓

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

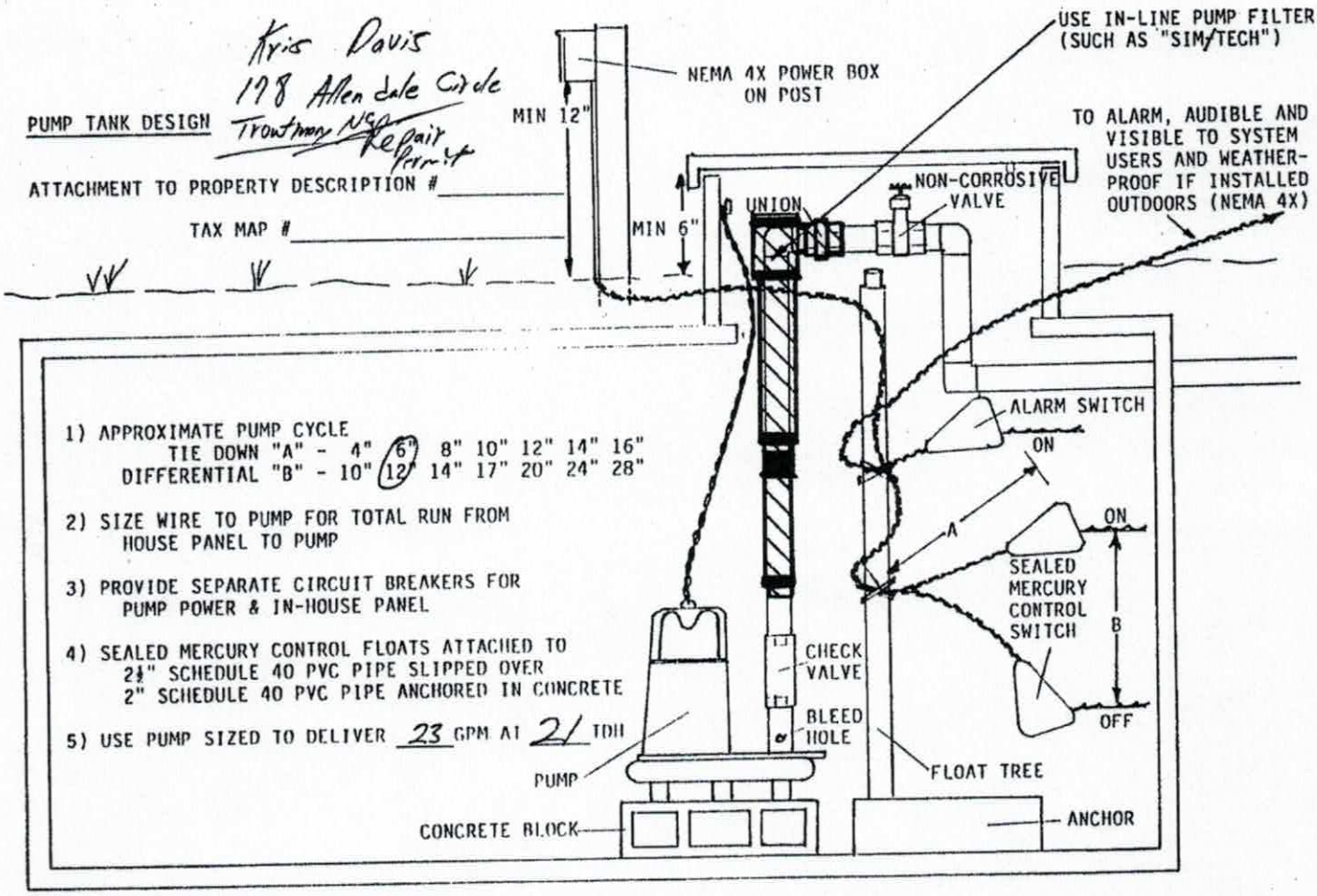
4-10-01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Kris Davis
178 Allendale Circle
Trowtman NC Repair Permit

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # _____

TAX MAP # _____



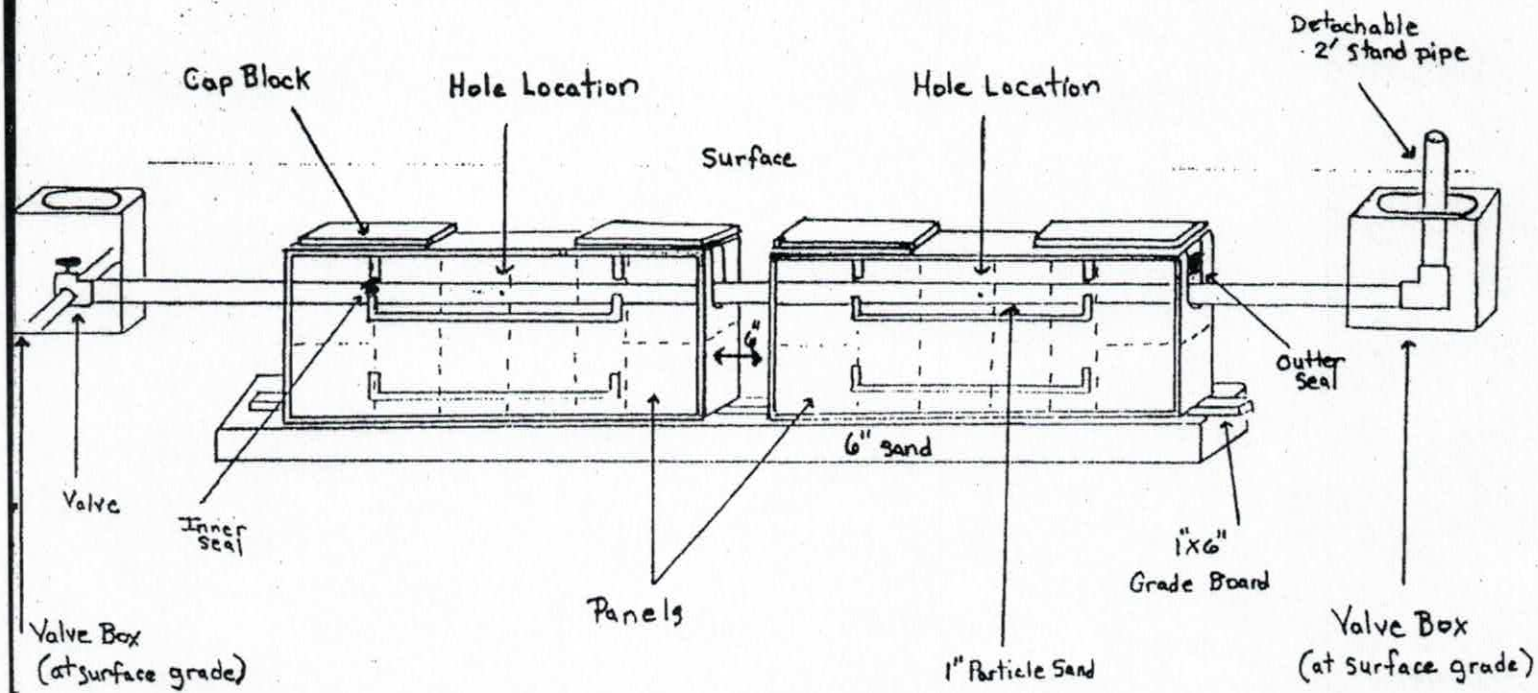
1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" (6") 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" (12") 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 23 GPM AT 21 TDH



Pressure Dosed PPBPS

# of panels 38.
Size holes 3/16. 1 hole per panel.
Approximate amount of sand needed 28 tons
100 lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 23.
TDH 21.

Kris Davis
178 Allendale Circle
Troutman, NC.

Comments

91 ft Length of Supply Line
Pressure Head Two feet