IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211345

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

PIN # 4629951129

APPLICANT: LIVEWELL HOMES APPLICANT ADDRESS: 501 SPRING CREST

SITE ADDRESS: ~~501 SPRING CREST DR~~ 446 STILLWATER RD PHONE: Troutman, NC ALT. PHONE: 704-578-9951

SITE DIRECTIONS: PERTH - TR STATE PARK - TL MORRISON FARM - TL OAKVAULT - TR STILLWATER - ON RT

SUBDIVISION: FALLS PARK SECTION: 1A LOT # 11 LOT AREA: 1AC DESIGN FLOW: 600 L.T.A.R.: .25

Septic Tank	1500 (gal)	STB	Dellinger	Date	5/27/16	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	GRAVITY 35% AR REDUCTION			☐ Business	No. Persons 10
Pump Make		Model		Serial #		Repair System Description:	PUMP +5% AR REDUCTION			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft:	600	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Drainage 60% R

POWER LINE & GAS LINE INSTALLED THROUGH ORIGINAL LAYOUT.

INITIAL SITE SKETCH

See Falls Group Design.

AS BUILT SKETCH

See 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**

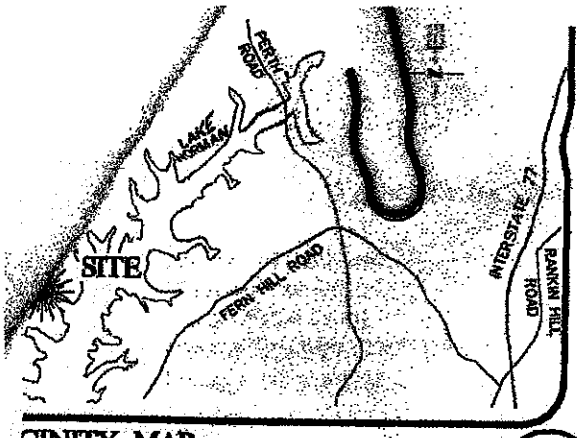
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: C [signature] Date: 7/20/16 OPERATION PERMIT by: C [signature] Date: 7/22/16

AUTHORIZATION TO CONSTRUCT by: C [signature] Date: 7/20/16 Existing System Inspected by: _____ Date: _____

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



CINITY MAP
ot To Scale

3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

As built

APPROVED JUL 2 2 2016

16
FALL'S PARK
PHASE 2
BK 62 PG 2

17
FALL'S PARK
PHASE 2
BK 62 PG 2

12
FALL'S PARK
PHASE 2
BK 62 PG 2

10

1"=50'

MB. 63 PG. 38

N72°47'01"W
137.23'

25' REAR YARD

10' SETBACK

10' SETBACK

43,669 Sq Ft±
1.00 Ac.±

11

9.7' REPAIR P
12.0' REPAIR O
13.4' REPAIR O
13.4' REPAIR P
13.4' REPAIR P

S31°35'29"W
285.93'

N31°44'12"E
368.63'

25'
pool
20'

#446

Gas line

Duke Power line

Drive

NF 16
B-92'
P-100'
O-103'
B-112'
O-109'
P-68'

25' SETBACK

STILLWATER

60' PUB

DECK
17.1
8.0
12.8
3.0
19.0
13.3
51.0
20.7
21.0
11.9
1.0
5.8
1.0
12.3
8.0

PROVIDENCE II
3237 "R"
2-CAR
GAR LEFT
CRAWL
W/ BRICK
1/8/10
SCALE: 1";30'

Actual
NF - 16
B - 92
P - 100
O - 103
B - 112
O - 109
P - 68