IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201689

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

PIN # 4635445595

APPLICANT: JAY DAVIS APPLICANT ADDRESS: 691 ISLE OF PINES RD MOORESVILLE NC 28117

SITE ADDRESS: 691 ISLE OF PINES RD MOORESVILLE NC 28117 PHONE: ALT. PHONE: 704 663 6905

SITE DIRECTIONS: BRAWLEY SCHOOL RD - TL ISLE OF PINES - ON LT NEAR END

SUBDIVISION: ISLE OF PINES SECTION: 2 LOT # 26 LOT AREA: DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 390 Date 4-10
Pump Tank 1500 (gal) PT 353 Date 11-12
Pump Make Gravity Model WE0512MU Serial #
Nitrification Fields 1 # Lines 8+BED Linear Ft: 84'+BED
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: PUMP UPFLOW + BED
Repair System Description: TSII PRETREAT DRIP
Maintenance Agreement Required: ☐ YES ☑ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees
☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: TONEY JACOBS LSS TO BE CONTACTED FOR PRE-INSTALLATION MEETING - TONEY JACOBS LSS TO SUBMIT OP LETTER AFTER INSTALLATION

#ABANDON EXISTING WELL #

INITIAL SITE SKETCH

SEE TONEY JACOBS LSS PLAN

AS BUILT SKETCH

6 23 PANELS PER DITCH
CHECKED LINES & TANKS 10-10-14 SA
HIT POSSIBLE OLD DRAIN LINE ON LINE CLOSEST TO TANK
5 IN LINE CLOSEST TO TANKS
CHECKED LINES & TANKS SA
SET 2' PH / ELEC. & ALARM SA

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: 3/7/14 Installed by: GROUND BREAKERS

IMPROVEMENT PERMIT by: Date: 3/7/14 OPERATION PERMIT by: SA Date: 11-13-14

AUTHORIZATION TO CONSTRUCT by: Date: 3/7/14 Existing System Inspected by: Date:

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