IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207834

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

PIN # 4635-47-9999.000

APPLICANT: Mike Cole APPLICANT ADDRESS: 163 Clusters Circle Mooresville NC 28117

SITE ADDRESS: 194 Shoreline Loop Mooresville NC 28117 PHONE: 708-975-3985 ALT. PHONE:

SITE DIRECTIONS: 3SR, TL Stutts, TR Shoreline Loop

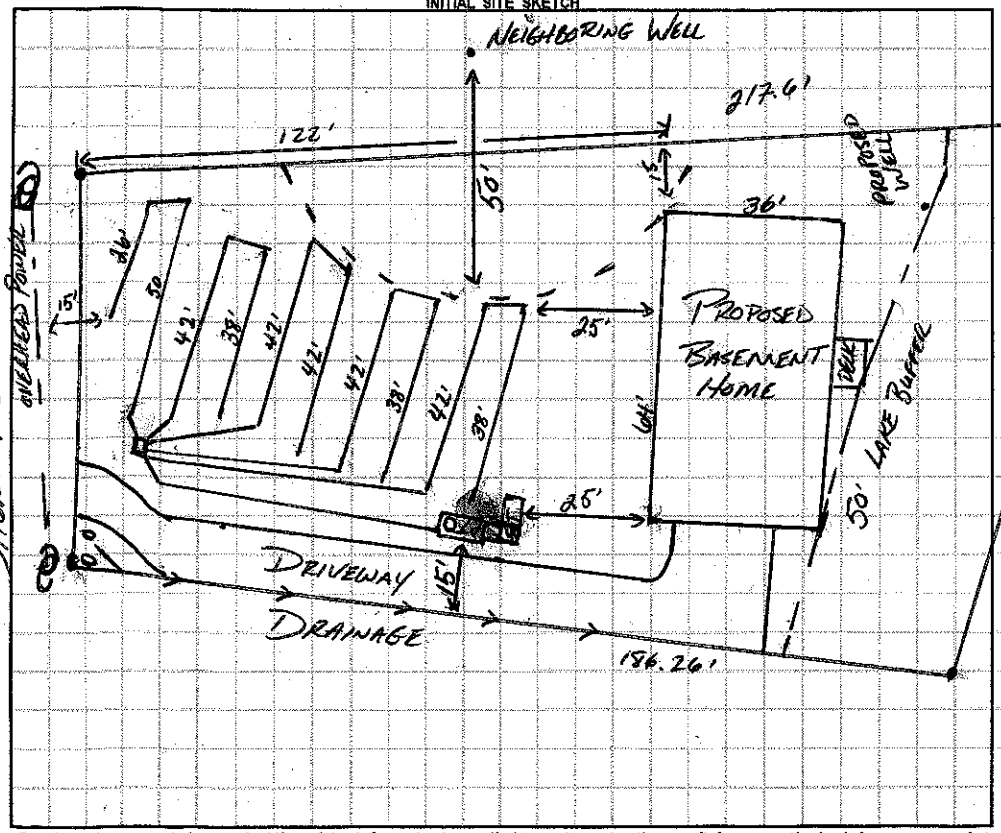
SUBDIVISION: Bayview Estates SECTION: LOT # 17 LOT AREA: .46 ACRE DESIGN FLOW: 480 GPD L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	625	Date	9-4-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	202	Date	8-7-15	System Description: 25% Reduction PM				☐ Business	No. Persons 8	☒ Private
Pump Make	Zoeller	Model	N152	Serial #		Repair System Description: Septic Exempt Pre 1977				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: If 36" Cover or More on Tanks, Traffic Rated Tanks Must Be Used. Maintain 50' From Wells, 25' From Downslope Basement, and 15' From Sideslope Drainage.

Re-Route Drainage to Property Line with Pipe, and Maintain 15' Seperation. Platted 1965. Septic Can Be 5' From Property Line.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'

Use 1/2" Sch 80 Taps

Line Lengths: 76'

80'

84'

80'

80'

80'

Checked Lines, Tanks, Set 2' PM

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: 8/27/15 Installed by: Rowan

IMPROVEMENT PERMIT by: APPROVED FEB 25 2015 OPERATION PERMIT by: Date: 11-4-15

AUTHORIZATION TO CONSTRUCT by: APPROVED FEB 25 2015 Date: Existing System Inspected by: Date:

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