IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # BF 20137

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

PIN # 4635-58-2038

APPLICANT: Grande Homes APPLICANT ADDRESS: 555 Delburg St Davidson NC 28036

SITE ADDRESS: 193 Shoreline Lp Mooresville NC 28117 PHONE: 704-400-1710 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd, TL on Stutts, TR on Shoreline Lp, Lot on L

SUBDIVISION: Bay View Estates SECTION: LOT # 29 LOT AREA: 0.45ac DESIGN FLOW: 480gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	3-4-14	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Repair Exempt	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	400	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * Lot is Exempt from repair, platted 9-14-65

INITIAL SITE SKETCH

SEE DESIGN BY ROLLANS SOIL & ENVIRONMENTAL SERVICES

APPROVED BY ICHD

AS BUILT SKETCH

*IQ4W INSTALLED

*5' @ 80' Installed AZP

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: M McMullen Date: 1-21-14 Installed by: BW Christenbury Septic

IMPROVEMENT PERMIT by: Debi L. Puente Date: 1-17-14 OPERATION PERMIT by: [signature] Date: 4-11-14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-17-14 Existing System Inspected by: Date:

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