IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207174

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

PIN # 4636081921

APPLICANT: Grainda Builders Inc APPLICANT ADDRESS: P.O. Box 1221 Cornelius, NC 28031

SITE ADDRESS: 135 Chestnut Bay Ln Mooresville, NC PHONE: 704 892 7640 ALT. PHONE: 704 363 9197

SITE DIRECTIONS: Brawley School Rd TR Blume Rd TL Beechtree Rd TR Chestnut Bay Ln at end

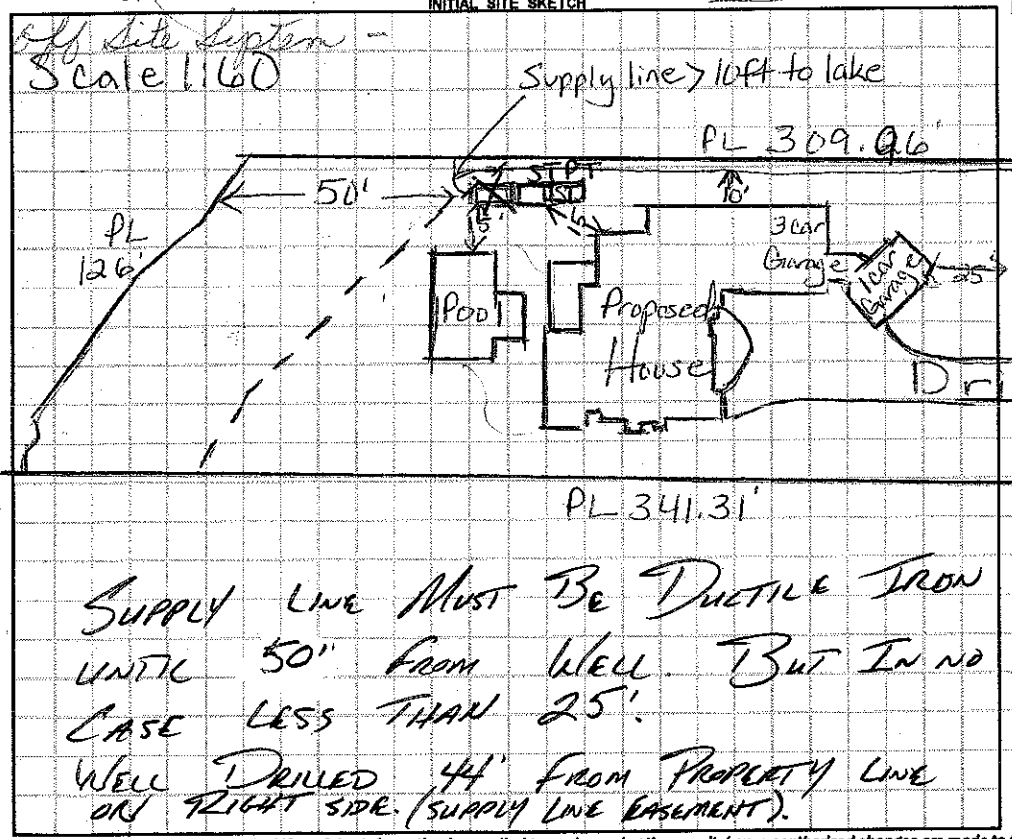
SUBDIVISION: Beechtree Bay SECTION: -- LOT # 8/84 LOT AREA: .90Ac±SFE DESIGN FLOW: 480gpd L.T.A.R.: .3Initial/.25Rep

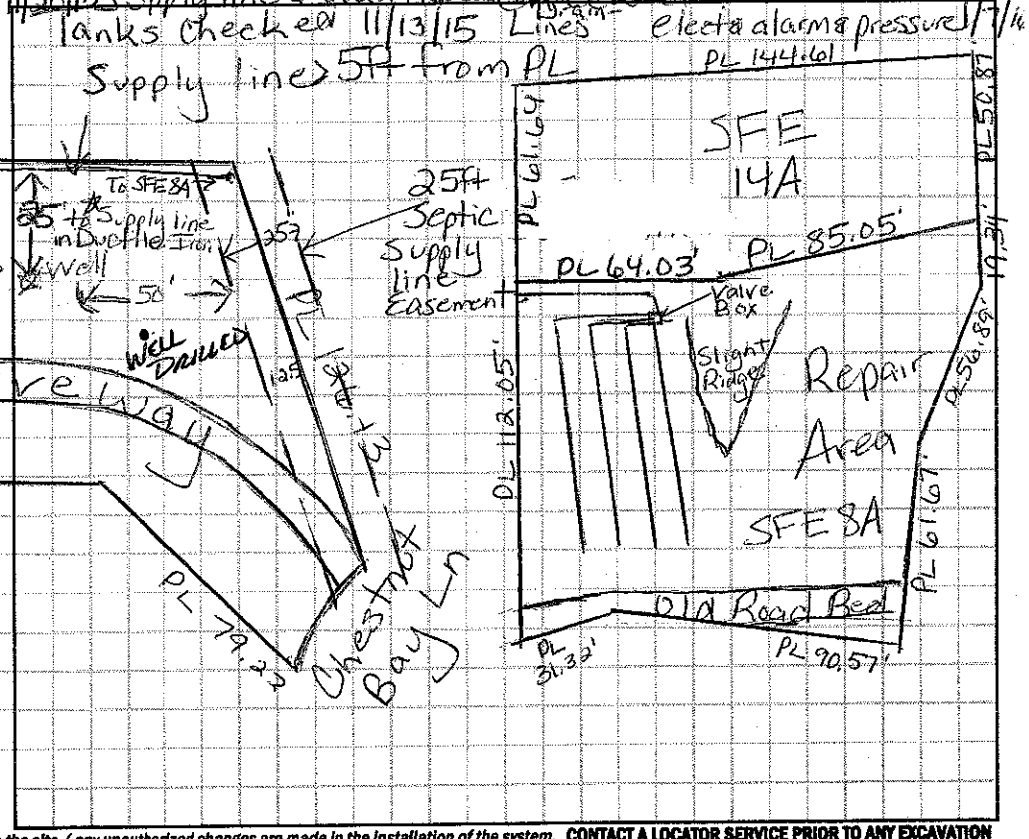
Septic Tank	1000 (gal)	STB	704	Date	9-28-15	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	27	Date	10-5-15	System Description: LPPPBPS offsite on SFE 8A		☐ Business	No. Persons	8	☒ Private
Pump Make	Myers	Model	J1535BE-0	Serial #	1½hp	Repair System Description: LPPPBPS offsite on SFE 8A		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	270ft	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	min. 24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: ☒ Must use Ductile iron pipe with mechanical joints for Septic Supply line that is less than 50ft to well. Keep Supply line 5ft from PL. ST and PT must be at least 15ft to Basement of House. ST and PT must be at least 50ft from lake & 15ft from Pool Cut. ☒ Supply line must be at least 10ft to Basement, pool Cut & lake. ST ~ SL to house

11/20/15 Supply line & Cut (AS BUILT SKETCH) 9:45AM Lines Lanks Checked 11/13/15 Electra alarm & pressure 1/7/16

INITIAL SITE 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: [signature] Date: 1/8/15 Installed by: R&H

IMPROVEMENT PERMIT by: Maria H. Dotson, RS Date: 12/30/14 OPERATION PERMIT by: Maria Dotson Date: 1/7/16

AUTHORIZATION TO CONSTRUCT by: Maria H. Dotson, RS Date: 12/30/14 Existing System Inspected by: Date:

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