IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 206533

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

PIN # 4636-22-5964.000

APPLICANT: True Homes | APPLICANT ADDRESS: 2649 Berkshire Ridge Centre Dr.

SITE ADDRESS: 115 Wheaton Ln. Mooresville NC | PHONE: | ALT. PHONE:

SITE DIRECTIONS: BSR TL Isle of Hope, TR Rock Ridge Point, TL Wheaton Dr.

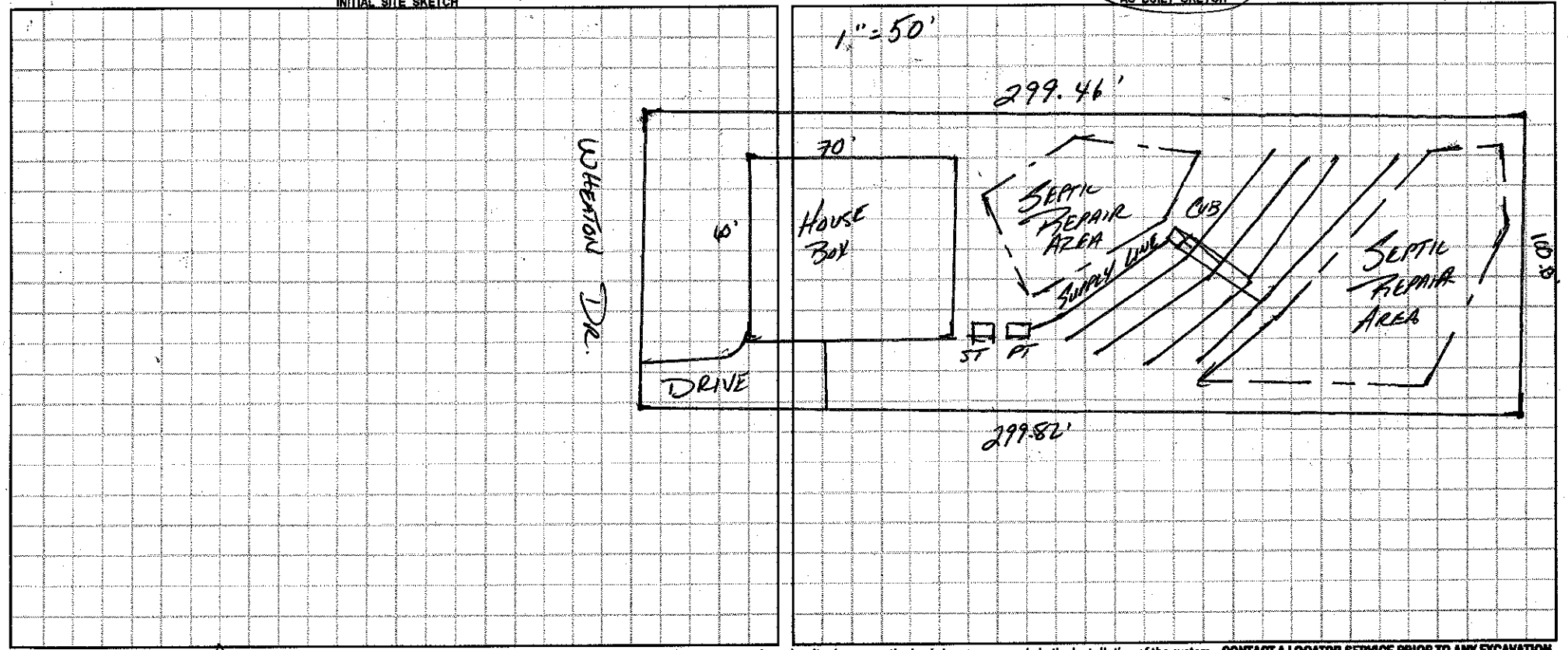
SUBDIVISION: Rock Ridge Point | SECTION: | LOT # 3 | LOT AREA: .69 Acre | DESIGN FLOW: 480 GPD | L.T.A.R.: .225

Septic Tank	1500	(gal)	STB 338	Date	11-12-14	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1500	(gal)	PT	Date	11-28-14	System Description: LP PRBPS				☐ Business	No. Persons 8	☐ Private
Pump Make	Zoeller	Model		Serial #		Repair System Description: LP PRBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4 CF	Linear Ft:	360'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: This Permit Became Expired Permit Dated 3-16-06. As Built Shown. Entrance As Drawn. Lines, Tank, and Cur Checked by Ben Ridgle on 1-28-15.

INITIAL SITE SKETCH

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: [signature] Date: 4/7/15 | Installed by: Cheezy / Gaskins

IMPROVEMENT PERMIT by: [signature] Date: 4/6/15 | OPERATION PERMIT by: [signature] Date: 4/6/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4/6/15 | Existing System Inspected by: Date:

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