This Permit Replaces previous one drawn on 9-4-12

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

DRK

PERMIT # 17564 PIN # 4636560851 DATE 11-13-12

OWNER or (APPLICANT) Warren Greenlee PHONE: Business 704-576-4800 Home: N/A

OWNER or APPLICANT ADDRESS 108 Northampton Dr Mooresville

LOCATION / DIRECTIONS Brawley School Rd TL Stutts Rd TR Marina Ln - 136 Marina Lane

SUBDIVISION Commodore Peninsula BLOCK / SECTION N/A LOT # 258 LOT AREA 0.28acres DESIGN FLOW 360gpd L.T.A.R. 0.3

Septic Tank 1000 Gallons: STB 825 Date 3-12-13

Pump Tank 1000 Gallons: PT 502 Date 2-11-13

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 5 Linear Feet 200

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A ☐ GRAVITY ☑ PRESSURE

☑ New System ☐ Repair ☐ Expansion System Type I II (III) / VI

System Description: PM PPBP5B

Repair System Description: Repair Exempt per 15A NCAC 18A .1945

Maintenance Agreement Required ☑ YES ☐ NO

☐ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

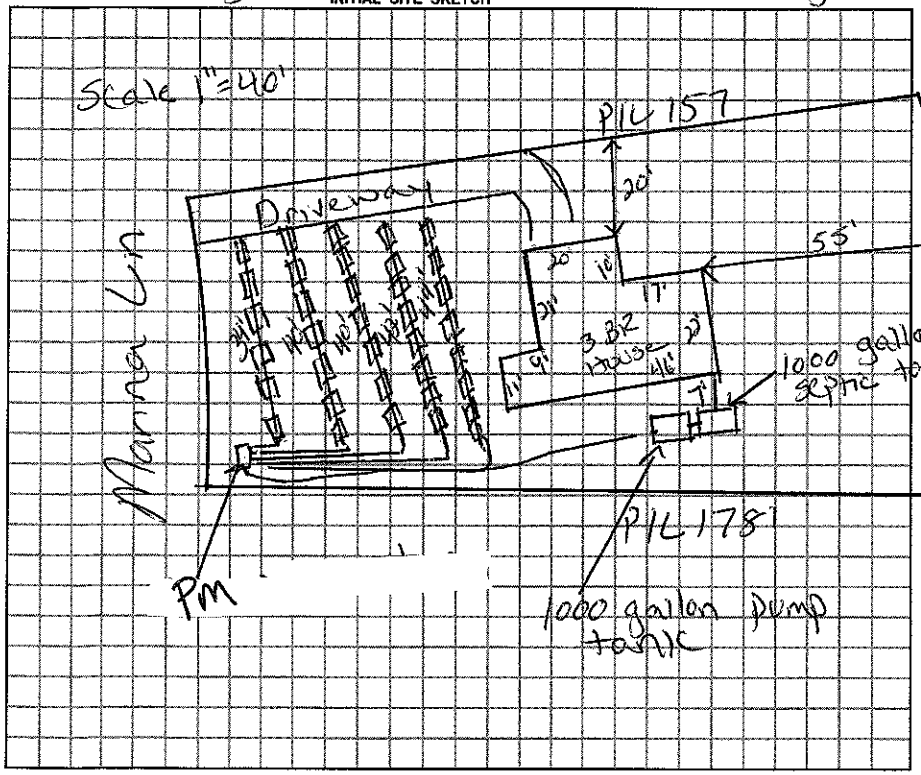
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

- Install a ~~low pressure~~ Parel block system on contour. Water line must run with property line @ least 10' below nitrification field before turning in towards house. Must not grade more than a 1' cut in front house site.

INITIAL SITE SKETCH



AS BUILT SKETCH

1/2" SCH 40 TAPS

9 PANELS PER LINE

PM OKED W/ JUSTIN VIA EMAIL

BK

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / 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 1-3-13

Improvement Permit by: [signature] Date 11-13-12

Authorization to Construct by: [signature] Date 11-13-12

Installed by: Rowan Septic Tank

Operation Permit by: [signature] Date: 5-21-13

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant