8A

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 217124

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

PIN # 4636-65-6534

APPLICANT: Caleb Hill / Adam David Homes | APPLICANT ADDRESS: 2004 Captains Way Denver NC 28037

SITE ADDRESS: 263 Mallard Way Mooresville, NC | PHONE: 704-302-6676 | ALT. PHONE:

SITE DIRECTIONS: BSR west toward Lake Norman → Left on Mallard Way → site on left @ corner of Teal Drive

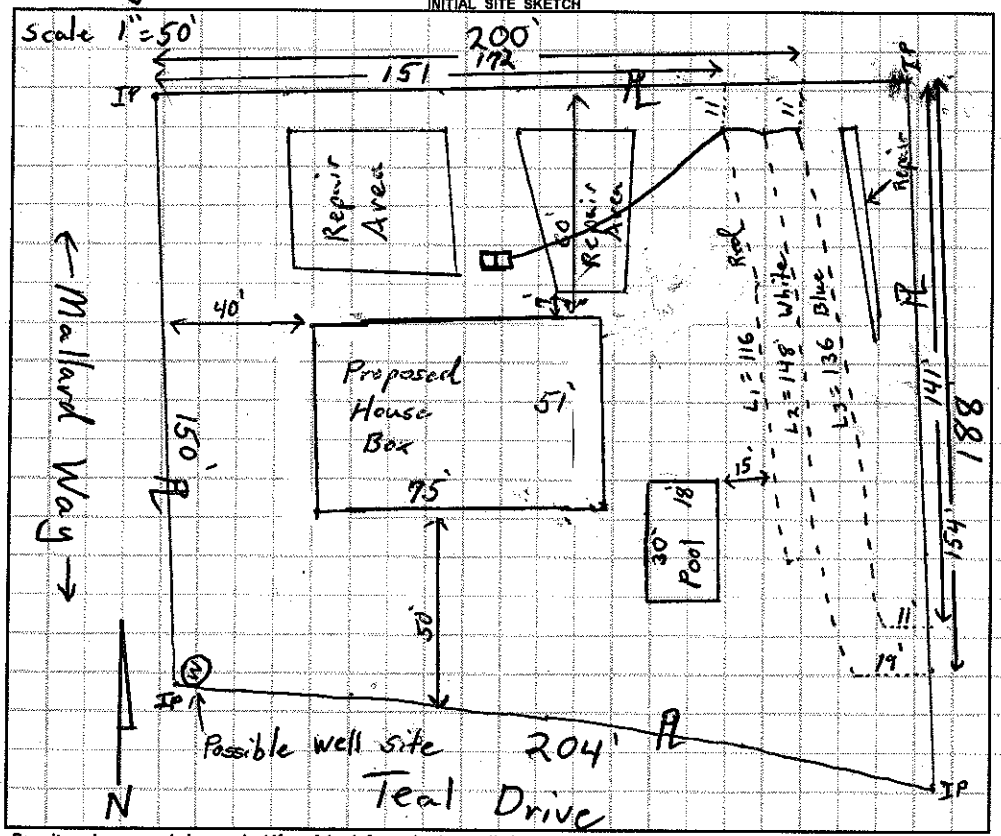
SUBDIVISION: Mallard Head Country Club | SECTION: 2B | LOT # 152 | LOT AREA: 0.750 acres | DESIGN FLOW: 480 gal/day | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	825	Date	8-11-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction - Serial Distribution		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction - LPPPBPS		
# Nitrification Fields	1	# Lines	3	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	32" [low side]	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Follow all N.C. septic rules. Proposed pool must maintain at least 15' distance from trench sidewall of septic line. Recommend pumping septic tank every 3-5 years.

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: _____ Date: 4.22.16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Thomas D. Shuck Date: 4-21-2016 OPERATION PERMIT by: _____ Date: 9-23-16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6-1-2016 Existing System Inspected by: _____ Date: _____

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