IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181798

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

PIN # 4637-31-0561

APPLICANT: IQ Custom Construction APPLICANT ADDRESS: 840 Edmiston Rd Mt. Ulla NC 28125

SITE ADDRESS: 274 Patternote Rd Mooresville NC 28117 PHONE: 704-400-6412 ALT. PHONE:

SITE DIRECTIONS: Brawley Sch Rd, TR on Blume Rd, TR on Patternote Rd, Lot on Right near end

SUBDIVISION: Devonshire SECTION: M2 LOT # 39 LOT AREA: 1.08ac DESIGN FLOW: 480gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 794 Date 3-25-14
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

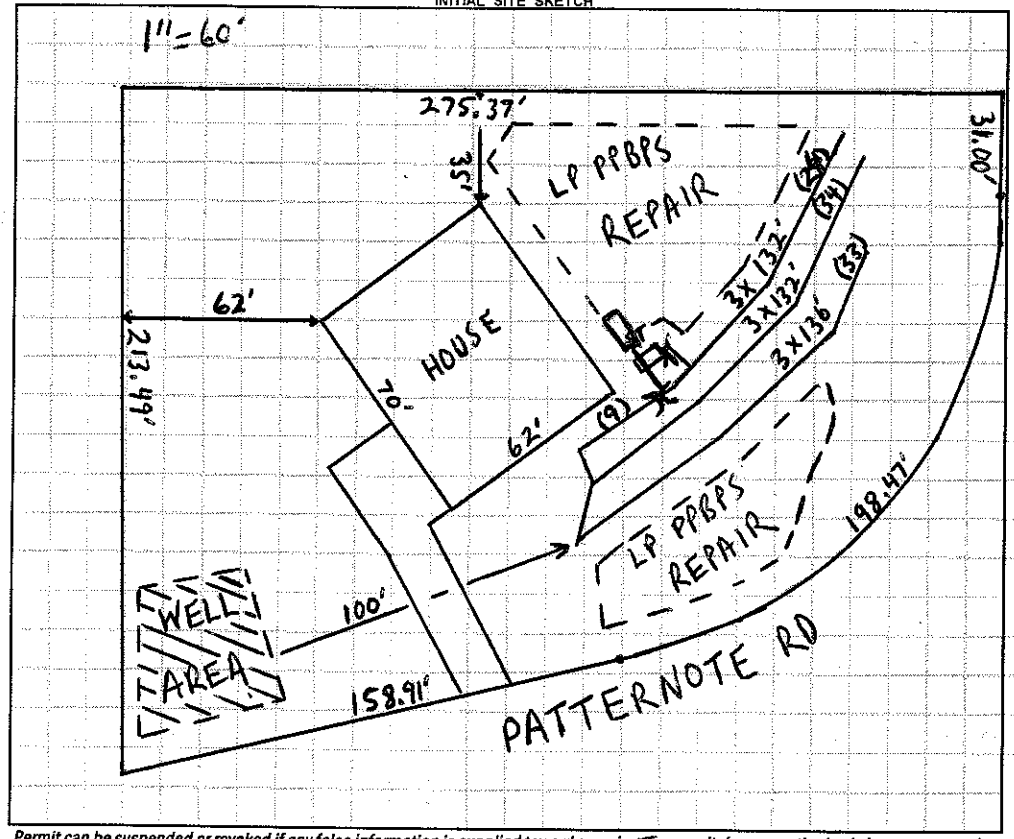
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Gravity 25% Reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

*IQ4N Installed
Top line 33 chambers
Middle line 34 chambers
Bottom line 33 chambers

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: 1-3-14 Installed by: Obison

IMPROVEMENT PERMIT by: [signature] Date: 12-16-13 OPERATION PERMIT by: [signature] Date: 4-28-14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-9-14 Existing System Inspected by: Date:

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