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: 704-400-6472 ALT. PHONE:

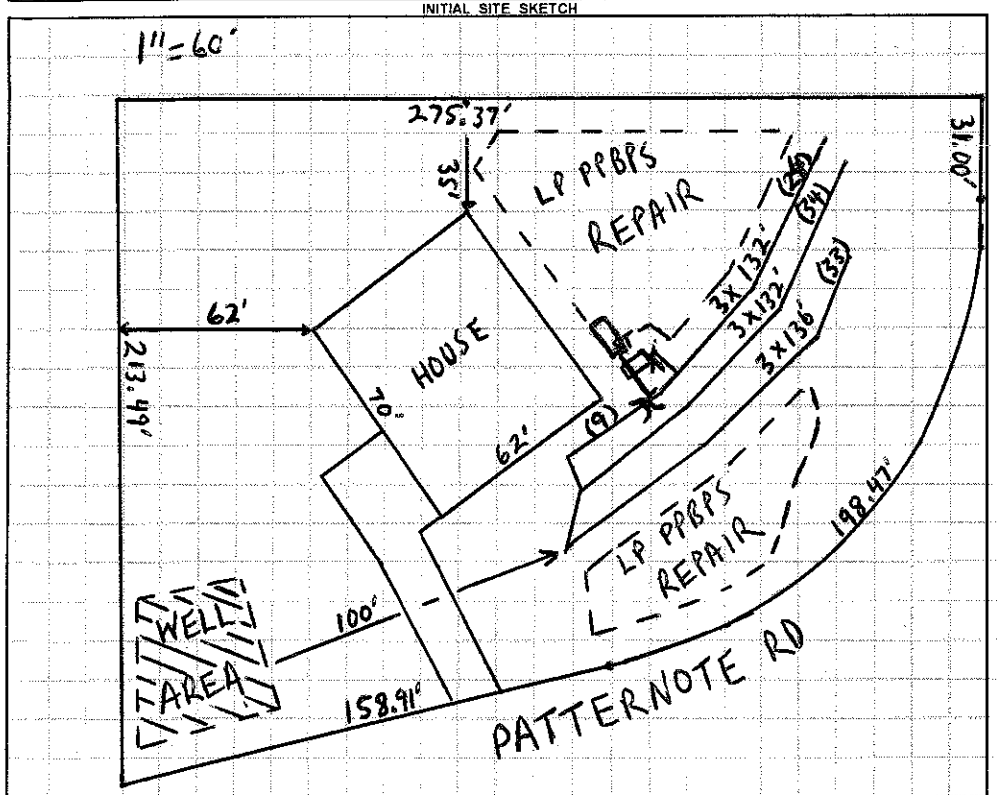
SITE DIRECTIONS: Brawley Sch Rd, TR on Blume Rd, TR on Patternote Rd, Lot on Right near end

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	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction			☐ Business	No. Persons 8	☑ Private
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

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