IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 178746

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

PIN # 4638-23-9898

APPLICANT: Artisan Custom Homes APPLICANT ADDRESS: PO Box 2218 Davidson NC 28036

SITE ADDRESS: 670 Normandy Rd - Mooresville PHONE: 704-987-9365 ALT. PHONE:

SITE DIRECTIONS: Hwy 150W, TR Perth, TL on Normandy, Lot on R near end

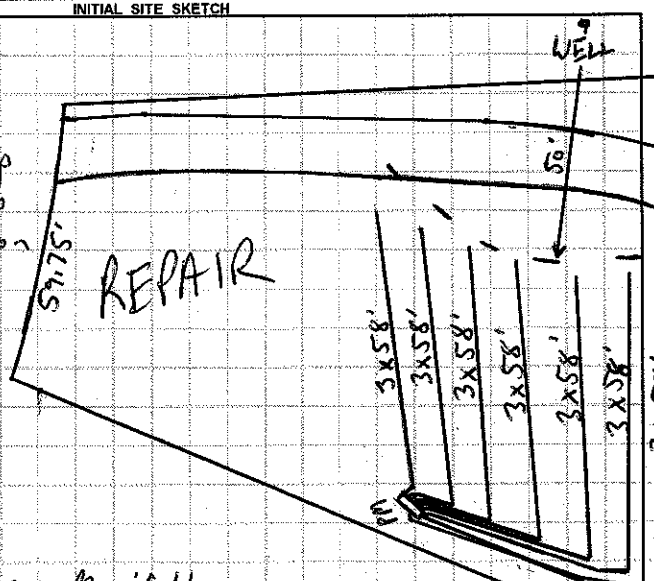
SUBDIVISION: CL&T SECTION: 11 LOT # 147 LOT AREA: 0.86 AC DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	794	Date	4-27-16	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply			
Pump Tank	1000	(gal)	PT	283	Date	5-16-16	System Description: PM 25% Reduction				☐ Business	No. Persons	8	☑ Private			
Pump Make			Model	290 HVS	Serial #		Repair System Description: LPP BPS				☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1		# Lines	7	Linear Ft:	406'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space		☐ Community			
Trench Width	36"		Max. Trench Bottom Depth	18-25"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing			☐ Basement w/o plumbing			

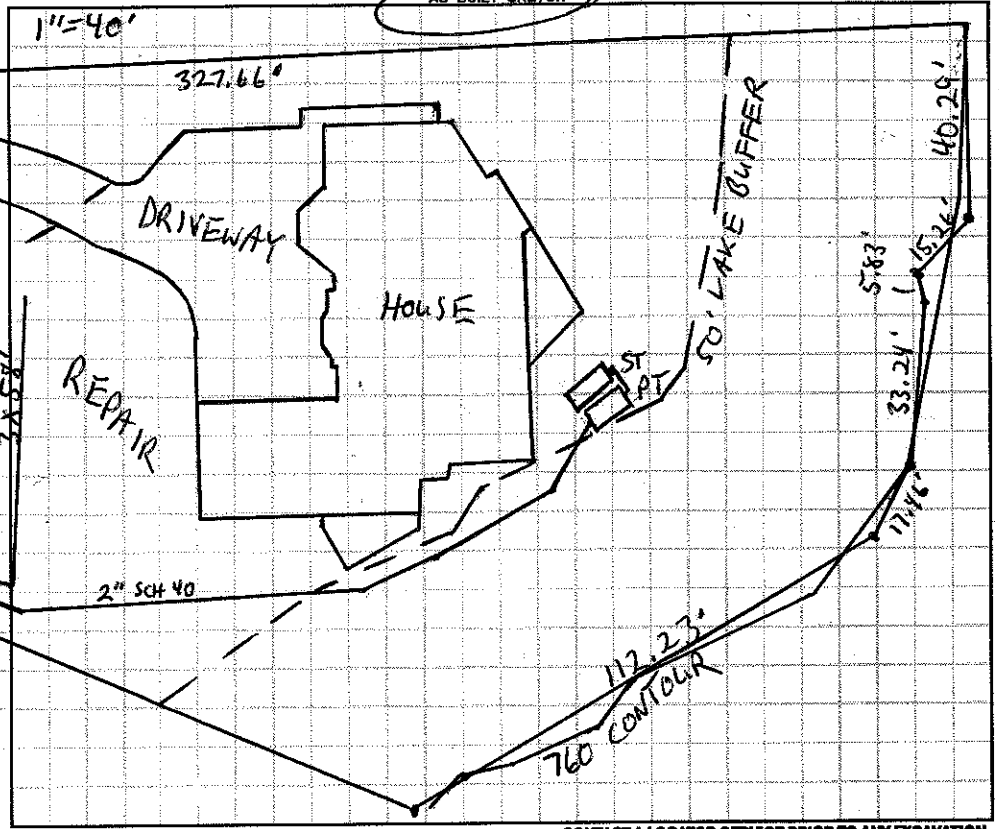
Comments / Conditions:

INITIAL SITE SKETCH

* Top line (line 1) 18" deep
- Lines 2-5 25" deep
- Lines 6-7 30" deep due to 15" of fill on lines



AS BUILT SKETCH



	Drain Lines Checked	Tanks Checked	Pressure Manifold or Valve Box Checked	Pressure Head Set	Electrical Checked	Floats Set	Alarm Checked	Maintenance Contract Y / N
Date	6-15-16	6-15-16	6-15-16	6-15-16	6-15-16	6-15-16	7-15-16	N/A
Initials	AZP	AZP	AZP	AZP	BAS	BAS	BAS	N/A

* 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 site plan* 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.

Date: Installed by: Willie Christenberry

Date: OPERATION PERMIT by: BA Date: 7-15-16

by: Date: Existing System Inspected by: Date:

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

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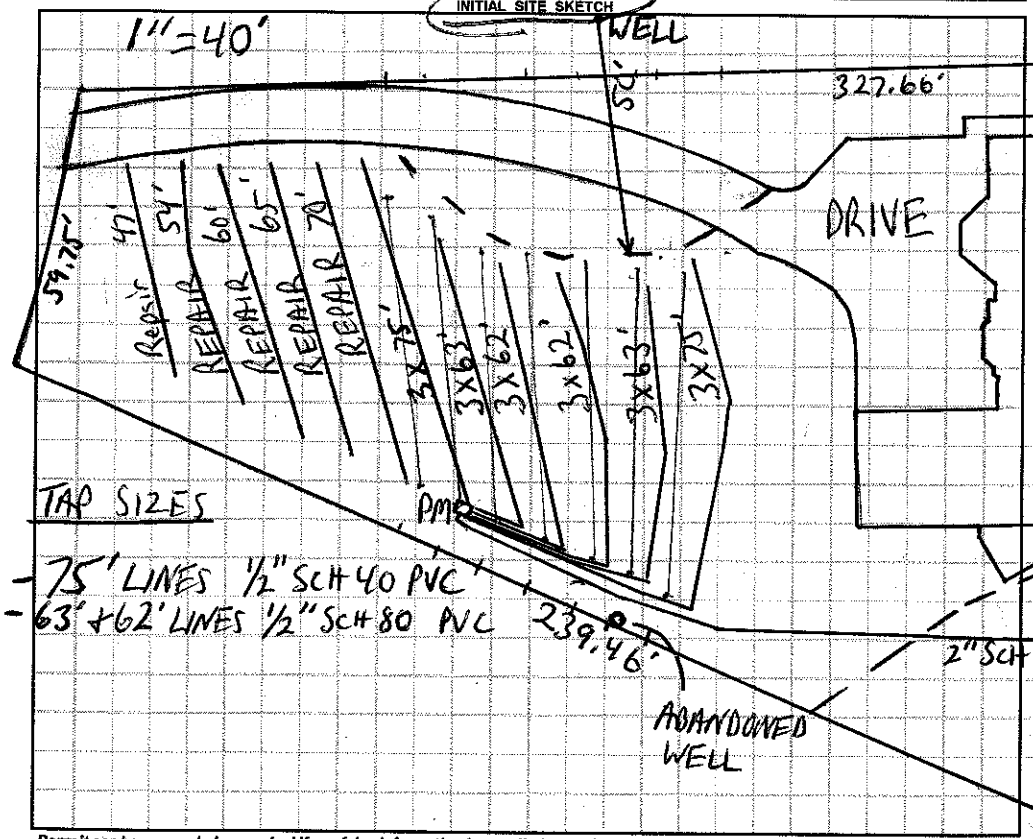
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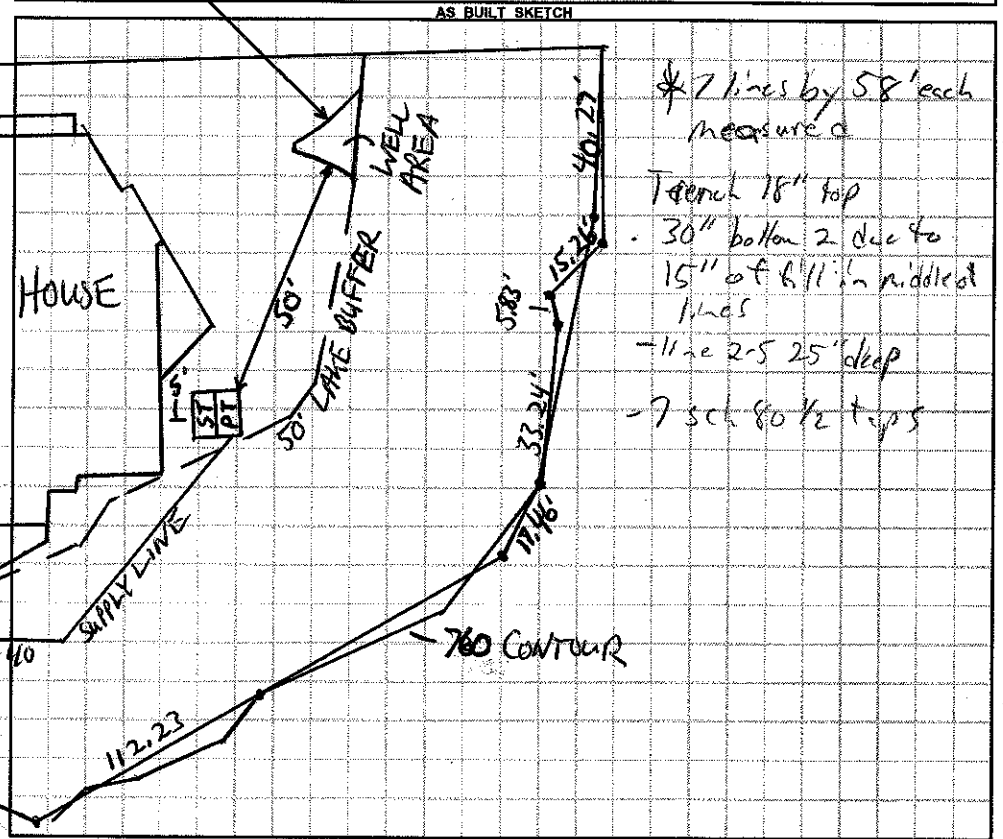
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Pump Make		Model	290HV5		Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	6		Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36"	Max. Trench Bottom Depth	*18"*		Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: *Maintain 18" Trench Bottom*
- Abandoned well onsite was investigated and determined to be full of concrete, well considered abandoned properly

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 siteplan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 9/15/15 Installed by:

IMPROVEMENT PERMIT by: Date: 9-9-15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 9-9-15 Existing System Inspected by: Date:

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