IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 180429

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

PIN # 4638590548

APPLICANT: LWHB Inc. / Jim & Karen Dickson | APPLICANT ADDRESS: P.O. Box 4301 Mooresville, NC 28117

SITE ADDRESS: 115 Dearborn Ln Mooresville NC 28117 | PHONE: 704 533-1918 | ALT. PHONE: 704 309-4301 Dave/Mike

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Liva Ln TL Stumpy Creek TR Dearborn Ln nearend

SUBDIVISION: C.L.&T | SECTION: 14 | LOT # 111 | LOT AREA: .959 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1600 (gal)	STB Exist	Date								
Pump Tank (Exist)	1000 (gal)	PT	Date								
Pump Make		Model	Serial #								
# Nitrification Fields	1	# Lines	5	Linear Ft:	40-50						
Trench Width (Add'l 6")	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A						

☐ New System ☐ Repair ☒ Expansion | System Type: I II (III) IV V VI

System Description: Pump (Pm) 25% Reduction

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms: 4 | No. Persons: 8 | No. Employees:

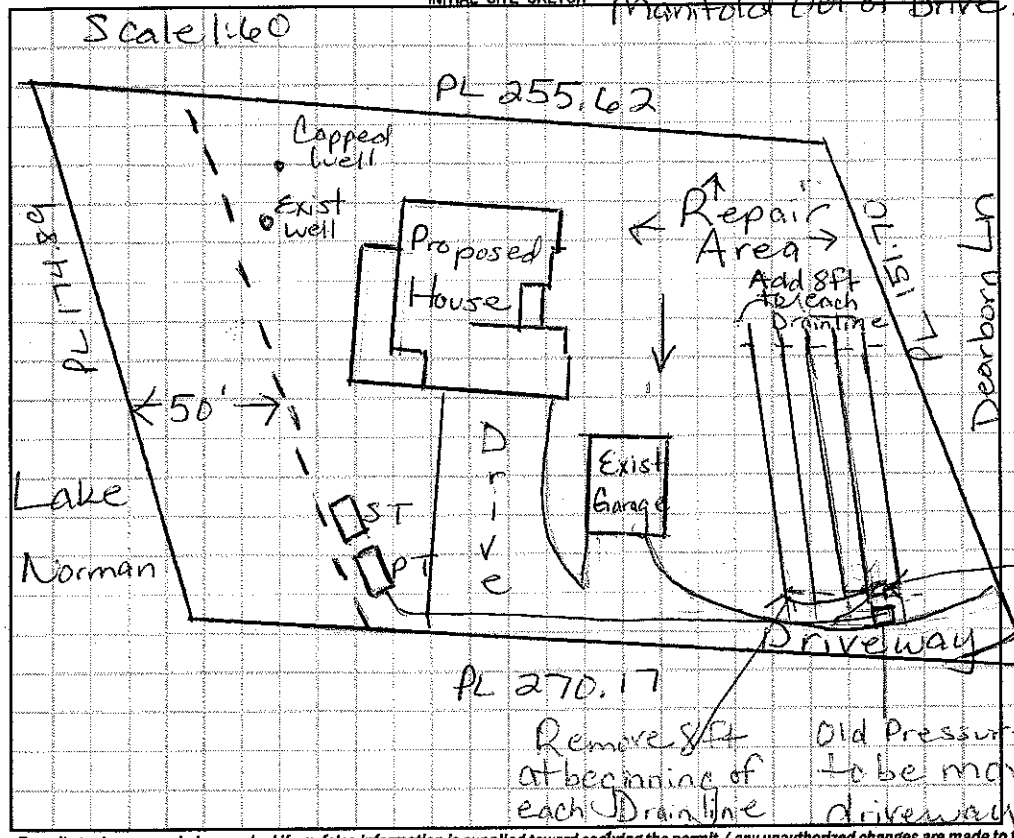
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Remove 8ft from each drainline to accomodate driveway. Install 8ft at the end of each drainline. Must still have a total of 400ft of drainfield. Relocate Pressure Manifold Out of Drive

Note: Supply line under existing drive was buried 48" deep.

No vehicular traffic over tanks (ST & PT) or Drainfield.

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: [signature] Date: 11/17/14 Installed by: Abernathy

IMPROVEMENT PERMIT by: [signature] RS Date: 11/17/14 OPERATION PERMIT by: [signature] Date: 1-28-15

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 11/17/14 Existing System Inspected by: Date:

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