IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # MP 20951 1

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

PIN # 4638-68-1152 4100

APPLICANT: America's Home Place Inc APPLICANT ADDRESS: P.O. Box 4174 Irmo SC 29063

SITE ADDRESS: V154 Kiskadee Dr PHONE: 803-530-1493 ALT. PHONE:

SITE DIRECTIONS: Hwy 150W, TR on Perth, TL on Stumpy Creek, TL on Kiskadee, Lot on R

SUBDIVISION: Harbor View Pelican Point SECTION: 9 LOT # 7 LOT AREA: 0.58 ac DESIGN FLOW: 360 gpd L.T.A.R. 0.375

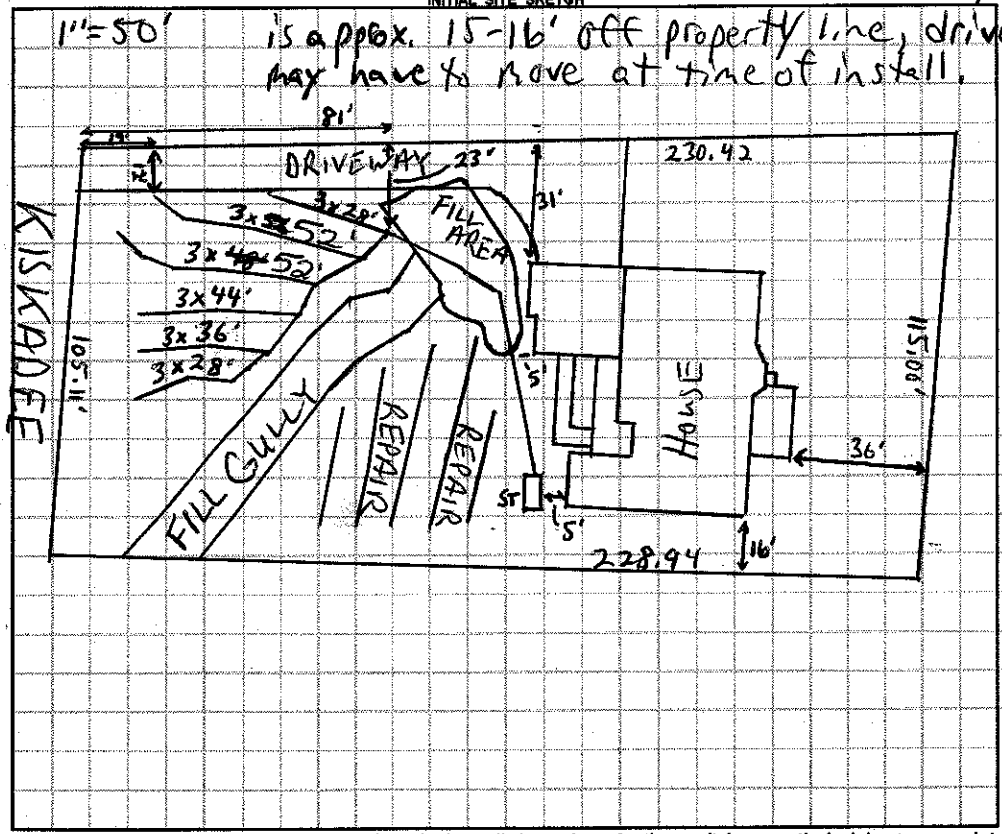
Septic Tank	1000 (gal)	STB	760	Date	5-18-15	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction	☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	240	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	28"	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: * If gravity can not be maintained after final grading a pump tank will be required and new design. * EXISTING GULLY MUST BE FILLED IN PRIOR TO AC BEING ISSUED * Gulley filled 7-15-15, Driveway

Used Quick 4 for Drainfield Installed essentially as drawn Note: Installed "clean out" @ 50ft from ST to 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: Matt McLeod for America's Home Place, Inc. Date: 6/9/2015 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: [signature] Date: 6-3-15 OPERATION PERMIT by: [signature] RS Date: 9/2/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-15-15 Existing System Inspected by: Date:

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