IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218119

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

PIN # 4638-72-3081

APPLICANT: Deborah Malonzo APPLICANT ADDRESS: 2241 Perth Rd. Mooresville, NC

SITE ADDRESS: 2241 Perth Rd. Mooresville, NC PHONE: 704-230-8858 ALT. PHONE:

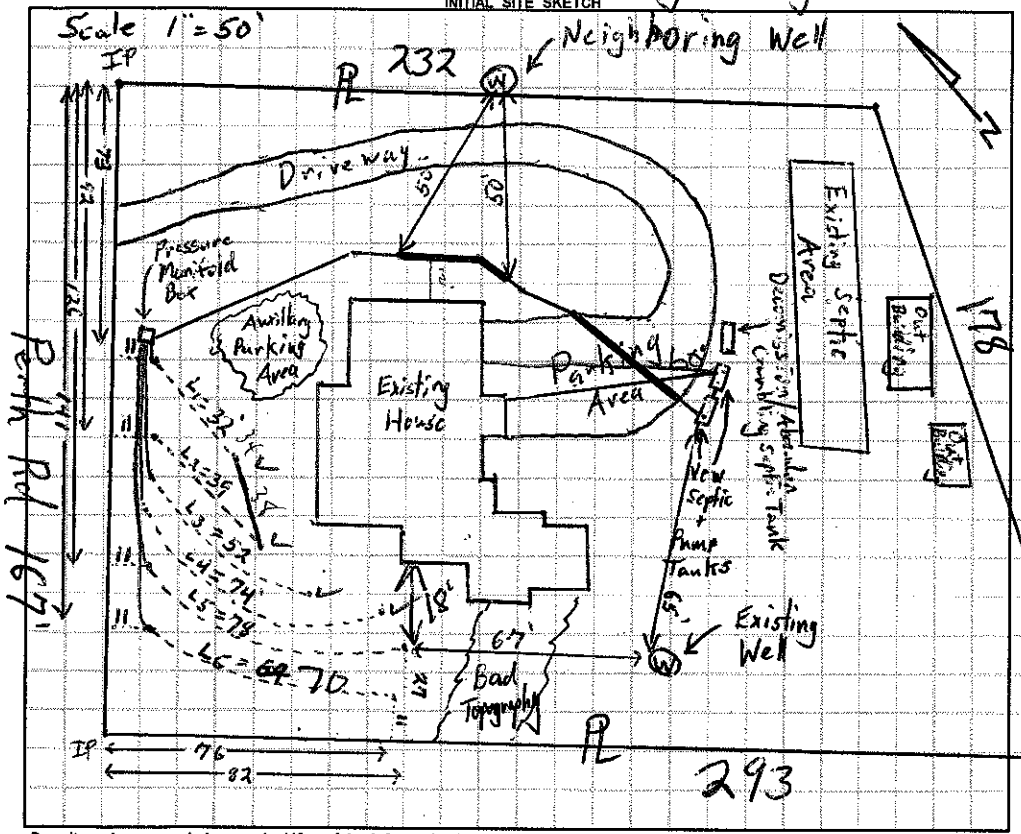
SITE DIRECTIONS: Rt 150 W toward Lake Norman → R on Perth Rd → Property on Right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.00 DESIGN FLOW: 480 gpd L.T.A.R.: 0.275

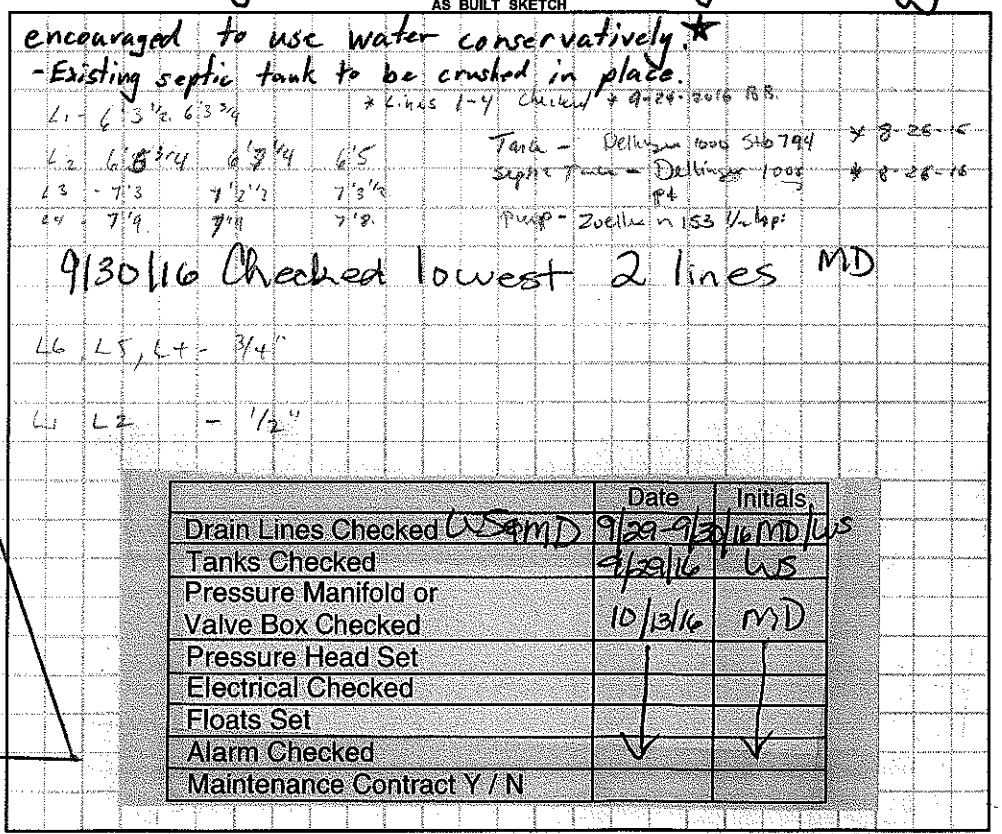
Septic Tank	1000	(gal)	STB	794	Date	4-8-16	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply:
Pump Tank	1000	(gal)	PT	2483	Date	4-8-16	System Description: —				☐ Business	No. Persons	8	☒ Private
Pump Make	Zoeller	Model	N153		Serial #		Repair System Description: PM - 25% Reduction				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6 [5 Taps]		Linear Ft:	344	Maintenance Agreement Required:		☐ YES	☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	—			☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Follow these Tap sizes: 3/4" SCH-80 for L6, L5, L4, L2+L1 1/2" SCH40 for L3 Recommend pumping septic tank every 3-5 years. Pump line must be sleeved beneath driveway utilizing ductile iron or 30" of cover is used. Force main must be constructed of ductile iron pipe (with mechanical joints) where supply line is less than 50' distance to any wells.* System is undersized by ≈ 92' for a 4 BR house → you are strongly encouraged to use water conservatively.* -Existing septic tank to be crushed in place.

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked WS & MD	9/29-9/30/16	MD/WS
Tanks Checked	9/29/16	WS
Pressure Manifold or Valve Box Checked	10/13/16	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

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: Deborah Malonzo Date: 6/28/16 Installed by: Wastewater Solutions

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/27/16 OPERATION PERMIT by: Marian Dotson Date: 10/13/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/27/16 Existing System Inspected by: Date:

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