IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214515

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

PIN # 4639-22-5542

APPLICANT: Barracuda Fish LLC. APPLICANT ADDRESS: 9222 Monroe Rd. Charlotte, NC 28270

SITE ADDRESS: 114 Wolf Hill Drive Mooresville, NC 28117 PHONE: 704-321-2997 ALT. PHONE:

SITE DIRECTIONS: Perth Rd North → TL onto Fern Hill Rd → TR onto Wolf Hill Drive → House on right

SUBDIVISION: Beacon Point SECTION: 4 LOT # 15 LOT AREA: 1.190 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.3 (Existing)

Septic Tank 1600 Existing (gal) STB — Date —
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 6 Existing Linear Ft: 270' Existing
Trench Width 24" Existing Max. Trench Bottom Depth 36" Existing Gravel Depth N/A

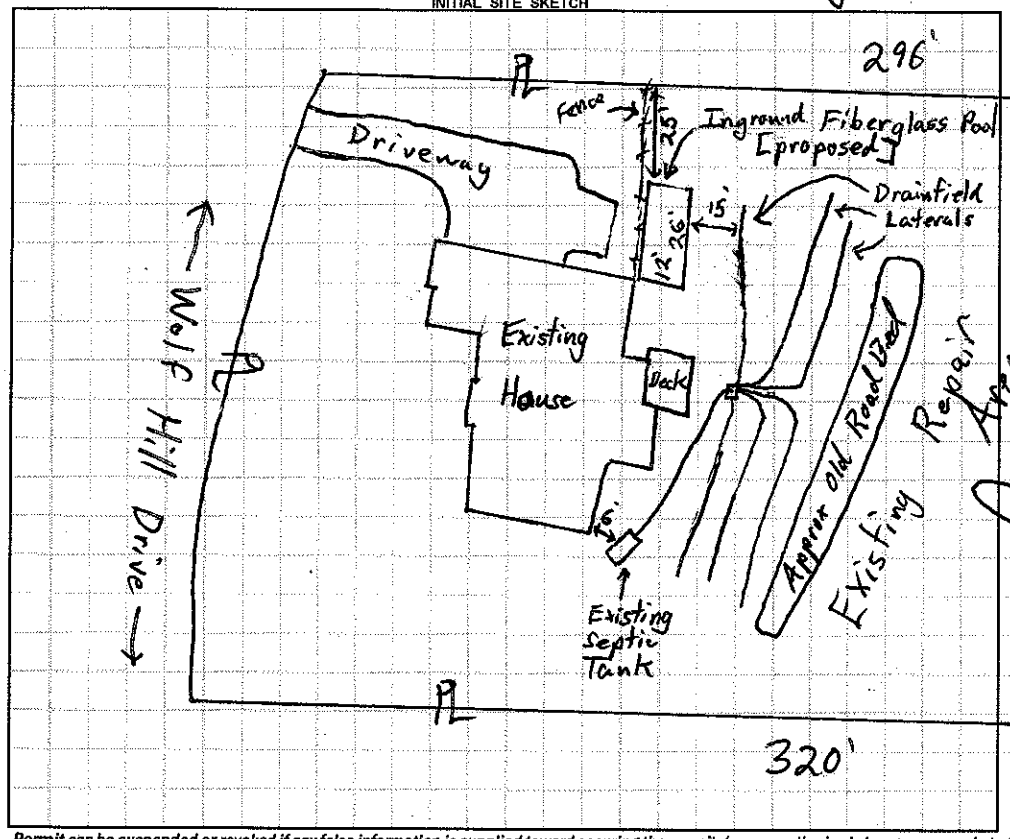
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Existing - Gravity Panel Block
Repair System Description: Existing - Pump/LP Panel Block
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

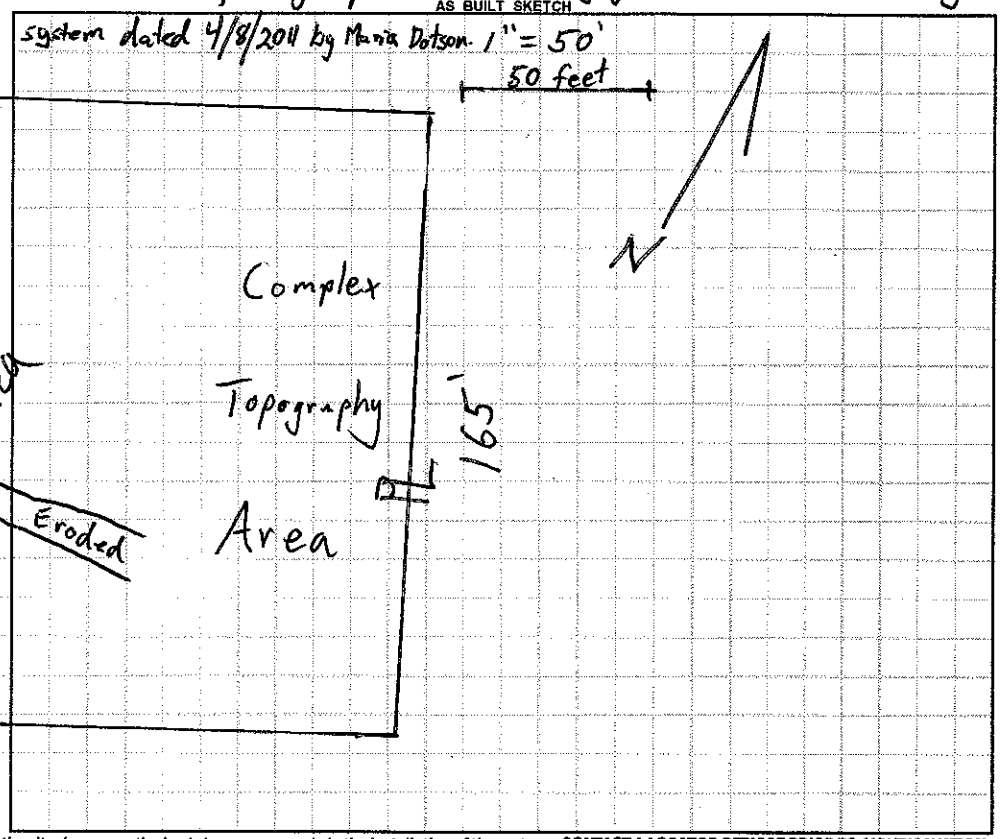
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: During site visit on 11-24-15, pool dimensions not marked. nor was the pool marked on December 1, 2015 (revised pool location) Therefore, distance from property line is approximate. Pool water line/side wall excavation must not be closer than 15' from existing drainfield lateral. This document is only valid if written approval of the pool location (in proximity to the house) is provided by building standards/inspections. Since original permit/design could not be located in ICHD's records, design specifications of existing system were taken from existing system dated 4/8/2011 by Maria Dotson. 1" = 50'

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: Rachel Hunn Date: 1/12/16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 12-9-15

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