IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181173

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

PIN # 4639231507

APPLICANT: DG Custom Homes APPLICANT ADDRESS:

SITE ADDRESS: 155 Fox Hunt DR. Mooresville PHONE: ALT. PHONE:

SITE DIRECTIONS: Perth (N) - TL Fern Hill - (Easement only past Bullfinch) - TR Bullfinch - TL Fox Hunt at end to house

SUBDIVISION: Deacon Pt SECTION: 3 LOT # 7 LOT AREA: 1.09 DESIGN FLOW: 600 L.T.A.R.: .3

1½ HP

Septic Tank	1500 (gal)	STB	528	Date	9-24-13	☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT	485	Date	7-30-13	System Description:	LP RRBPS -OFFSITE			☐ Business	No. Persons 10
Pump Make	Orenco	Model	VF-5015/2	Serial #		Repair System Description:	SAME			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	9	Linear Ft:	364	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Supply line 3" buried 30" by drive MEH 6/25/14

4/14/14 Checked tanks MH
4/14/14 Checked Tower 1 lines MH
4/3/14 Checked Upper 2 lines
~ 42' en 4 bands perc/etch

INITIAL SITE SKETCH

See Kathleen Saunders's Plan.

AS BUILT SKETCH

Drilled 3 32' hole.

The proposed / existing Pool addition does not appear to impact the existing septic system

**NOTE: Must be 15' from tanks R.S.

Date: APPROVED JUN 10 2014
CHD-Environmental Health Division

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: Kathleen Saunders Date: 9/30/13 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: RAHS Date: 9/30/13 OPERATION PERMIT by: Maria Jordan Date: 7/30/14

AUTHORIZATION TO CONSTRUCT by: RAHS Date: 9/30/13 Existing System Inspected by: Date:

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