IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208871

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

PIN # 4639248651

APPLICANT: Wesley Shaw APPLICANT ADDRESS: P.O. Box 1174 Troutman, NC 28166

SITE ADDRESS: 146 Bullfinch Rd Mooresville, NC 28117 PHONE: 7049024339 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill Rd TR Bullfinch property on right 2nd house

SUBDIVISION: Beacon Point SECTION: II LOT # 2 LOT AREA: .92 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

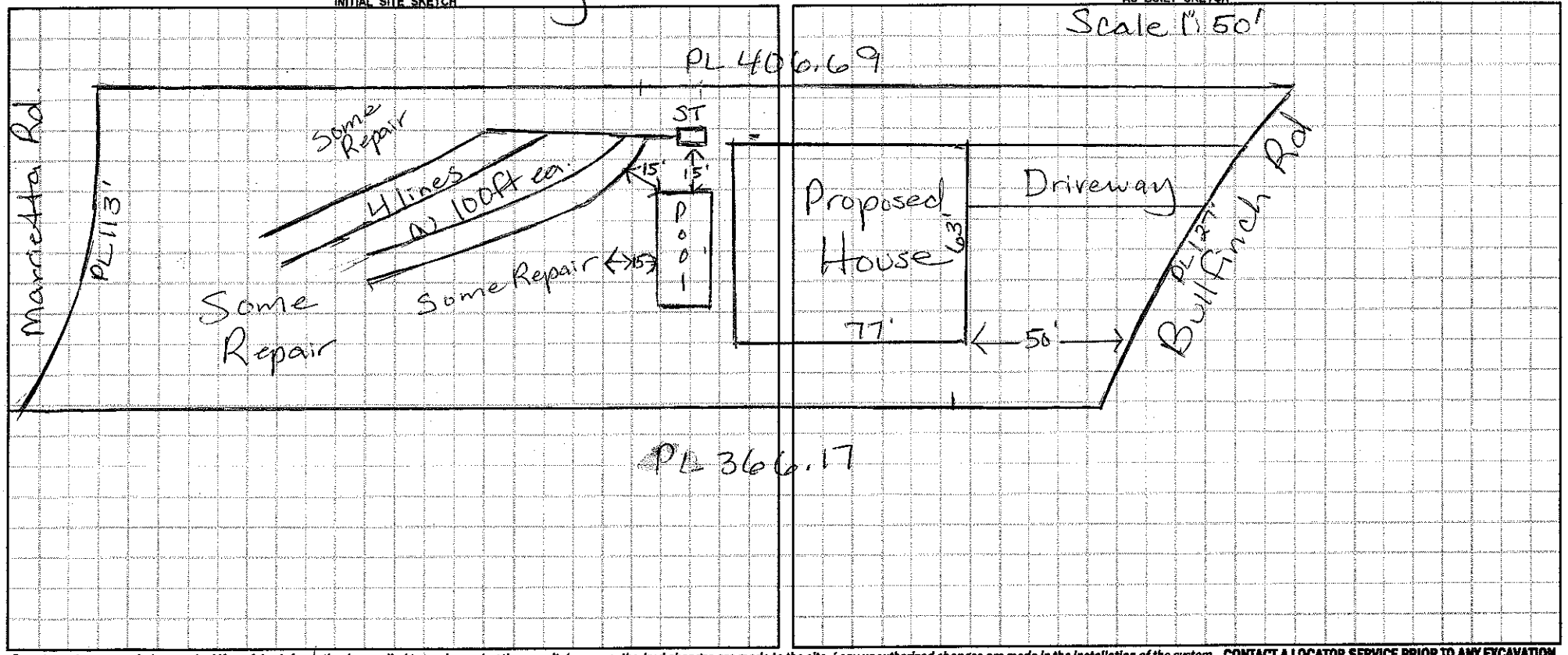
Septic Tank	1000 (gal)	STB	T194	Date	7-21-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 8	☐ Private
Pump Make		Model		Serial #		Repair System Description:	Dump PPBPS			☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	460'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width	36"	Max. Trench Bottom Depth	~~36~~ 27"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Keep Septic System at least 10ft to PL
ST ~ 30ft from house
Drainfield installed essentially as Drawn

INITIAL SITE SKETCH

Any future pool must be at least 15ft from Septic System.
Serial distribution, used Quick 4.
>10ft from ST to PL

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: Date: 4/16/15 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria H. Olson RS Date: 4/15/15 OPERATION PERMIT by: Maria H. Olson RS Date: 9/28/15

AUTHORIZATION TO CONSTRUCT by: Maria H. Olson RS Date: 4/15/15 Existing System Inspected by: Date:

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