IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 135561

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM 35561 PIN # 4639148600

APPLICANT: Princeton Builders APPLICANT ADDRESS: P.O Box 3490 Mooresville, NC 28117

SITE ADDRESS: 360 Kenway Loop Mooresville, NC 28117 PHONE: 704 799-0205 ALT. PHONE:

SITE DIRECTIONS: Perth Rd N TL Fern Hill TL 1st Kenway Loop on right before Bagby Initial / Repair

SUBDIVISION: Wood leaf SECTION: LOT # 60 LOT AREA: 1.9 Ac DESIGN FLOW: 480gpd L.T.A.R.: .25 / .3

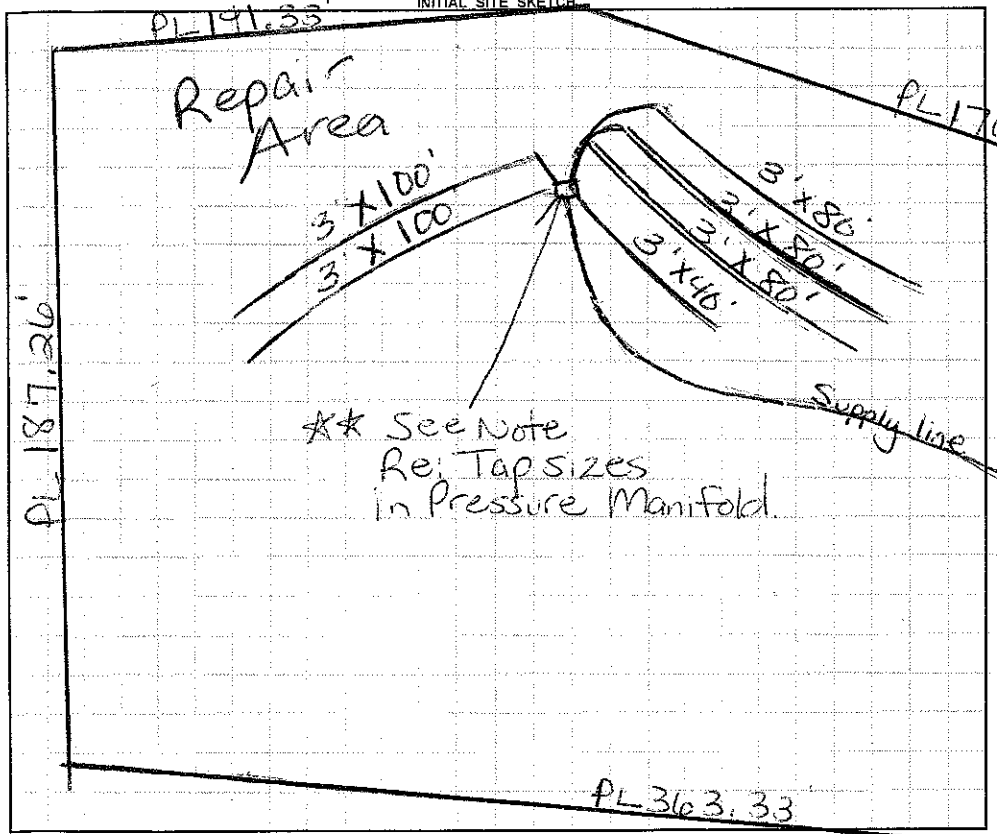
Septic Tank	1000 (gal)	STB	760	Date	3-3-13	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	3-6-13	System Description:	Pump-PM-25% Reduction			☐ Business	No. Persons
Pump Make	HYDROMATIC	Model	SHEF 4SM1	Serial #		Repair System Description:	Pump-LP-Panel Block			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	480ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

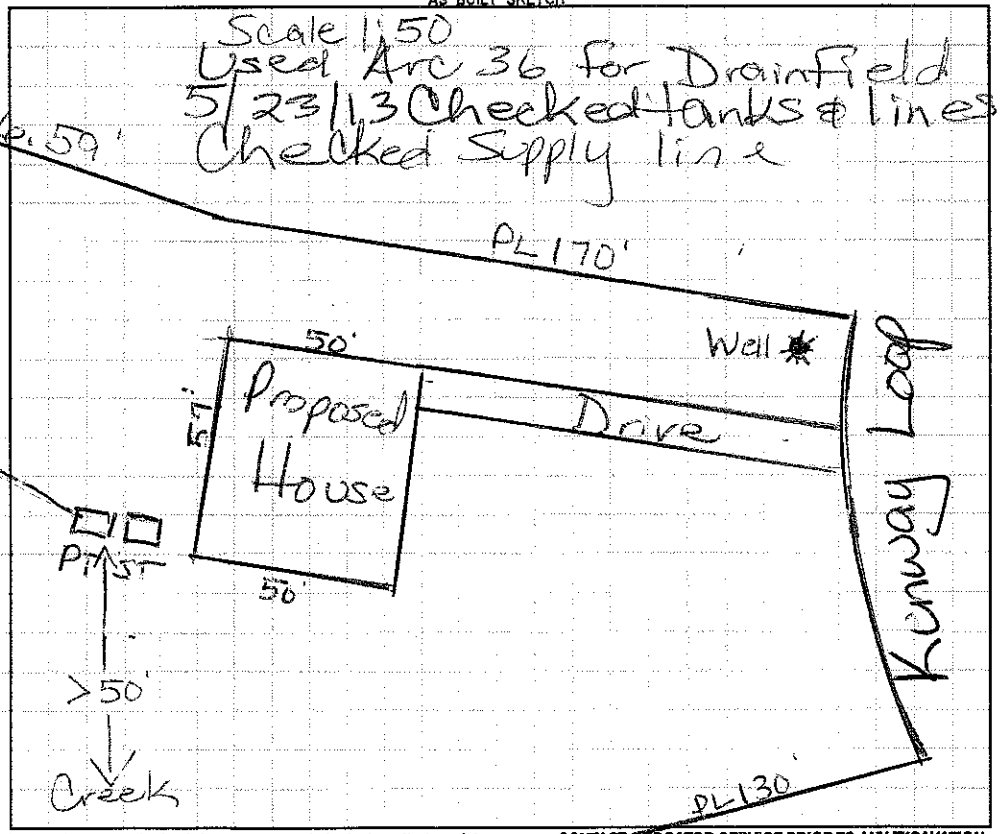
Comments / Conditions: Note: Different tap sizes per line in Pressure Manifold
80ft lines tap size = 3/4" sch 80 40ft line = 1/2" sch 80
100ft lines = 3/4" sch 40

* Direct Storm/Surface water away from STB PT & Drainfield.
* Keep Septic System at least 5ft from House, 100ft from well & 150ft to Creek

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: [signature] Date: 4/9/13 Installed by: Carter Grading

IMPROVEMENT PERMIT by: [signature] RS Date: 4/8/13 OPERATION PERMIT by: [signature] Date: 6-13-13

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 4/8/13 Existing System Inspected by: Date:

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