IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177614

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

PIN # 4639328882 28117

APPLICANT: DG Custom Homes LLC APPLICANT ADDRESS: 631-407 Brawley School Rd #219 Mooresville, NC

SITE ADDRESS: 127 Blue Ridge Trail Mooresville, NC PHONE: 704 400 8307 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill Rd TL Blue Ridge Trail 7th lot on left

SUBDIVISION: Woodleaf SECTION: LOT # 8 LOT AREA: .68 A-C DESIGN FLOW: 480 gpd L.T.A.R.: .25-.3

Septic Tank 1000 (gal) STB 1012 Date 11-10-11 ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank 1000 (gal) PT 17 Date 5-18-10 System Description: Pump - PM - 25% Reduction

Pump Make Gould's Model 1HP. WE05 Series HU Repair System Description: Pump - LP - 50% Reduction

Nitrification Fields 1 # Lines 5 Linear Ft: 480 Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4 Water Supply

☐ Business No. Persons ☒ Private

☐ Other No. Employees ☐ Public

☒ Slab ☐ Crawl Space ☐ Community

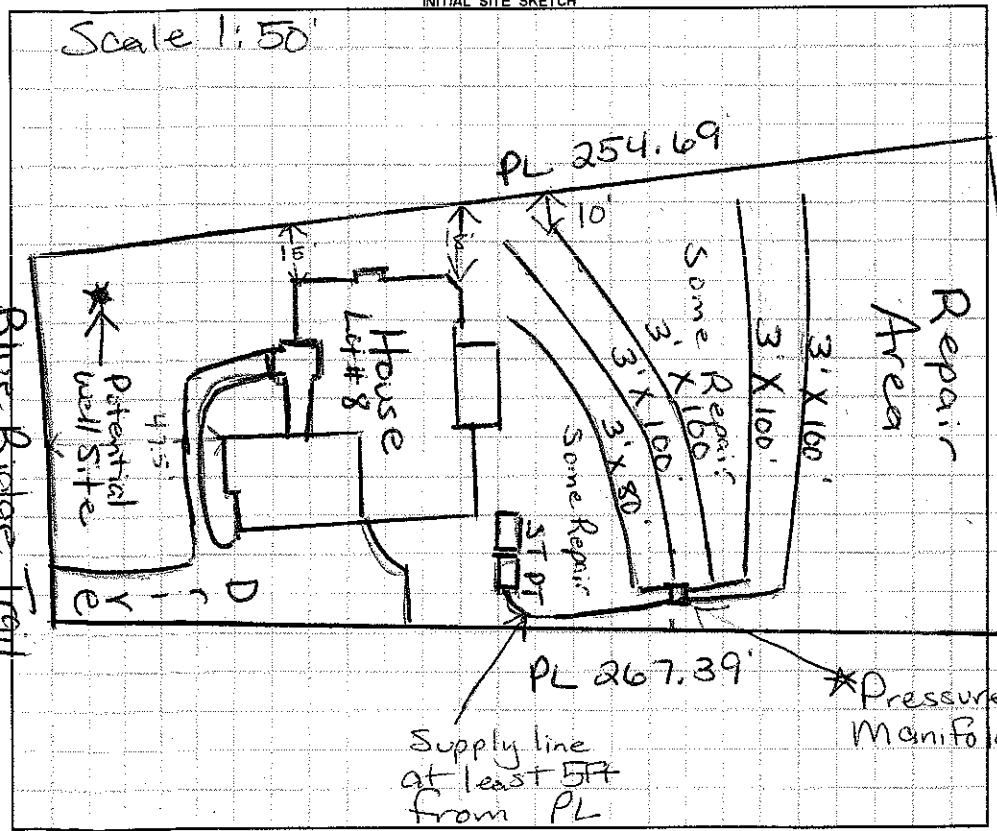
☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: * Pressure Manifold - Use 1½" sch 80 Taps for 80ft line & 1½" sch 40 For 100FT lines Must keep Septic System at least 10' From PL & 5FT from house

* This permit replaces previous permit dated 7-31-06

8/1/13 ST & PT Checked Set 2ft pressure 8/30/13

INITIAL SITE SKETCH



AS-BUILT SKETCH

8/5/13 Checked lines & pressure manifold

8/30/13 Set 2ft pressure

Checked elect & alarm

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 plan* 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: 7/22/13 Installed by: Steve Jordon RS

IMPROVEMENT PERMIT by: [signature] RS Date: 5/6/13 OPERATION PERMIT by: [signature] Date: 8/30/13

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 5/6/13 Existing System Inspected by: Date:

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