IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 135489

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

2130
4639413500 PIN # ~~4639209711.046~~

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

SITE ADDRESS: 250 Kenway Loop Mooresville, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W. TR Perth Rd TL Fern Hill TL Kenway Loop (1st) on right

SUBDIVISION: Woodleaf SECTION: LOT # 46 LOT AREA: .873Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 9-9-12
Pump Tank 1000 (gal) PT 36.3 Date 9-6-12
Pump Make Goulds Model PE5iM Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Pump-Pm - 25% Reduction
Repair System Description: Pump L.P. - Panel Blk
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

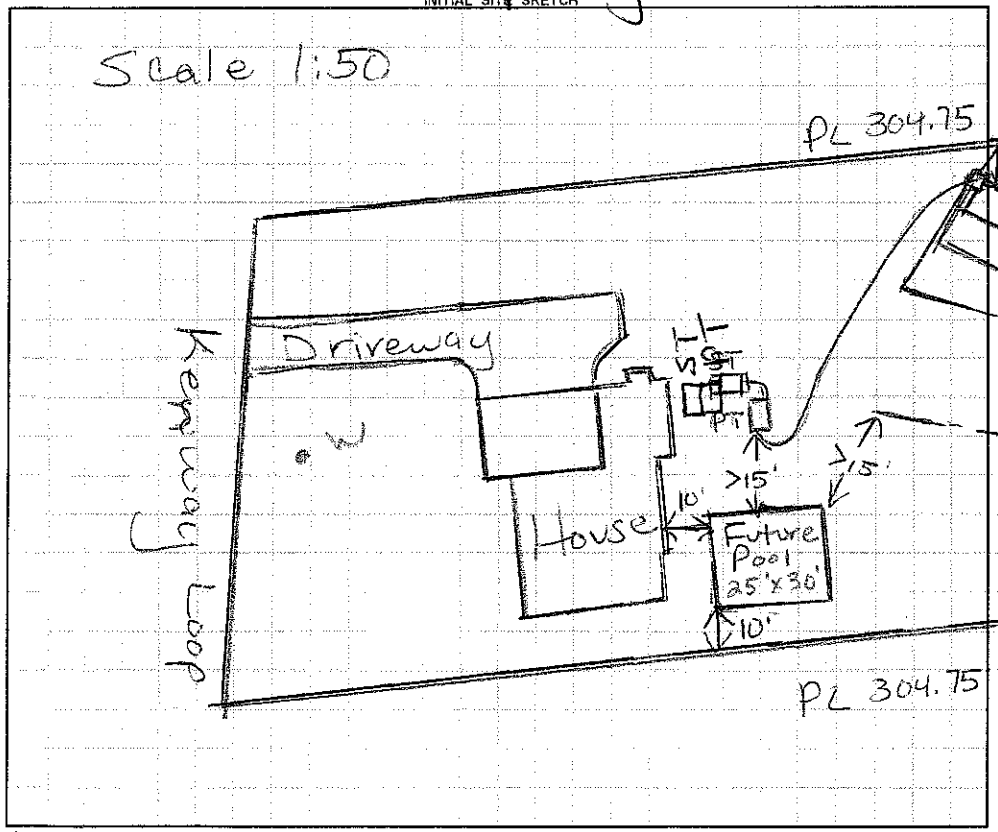
☒ Residence No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

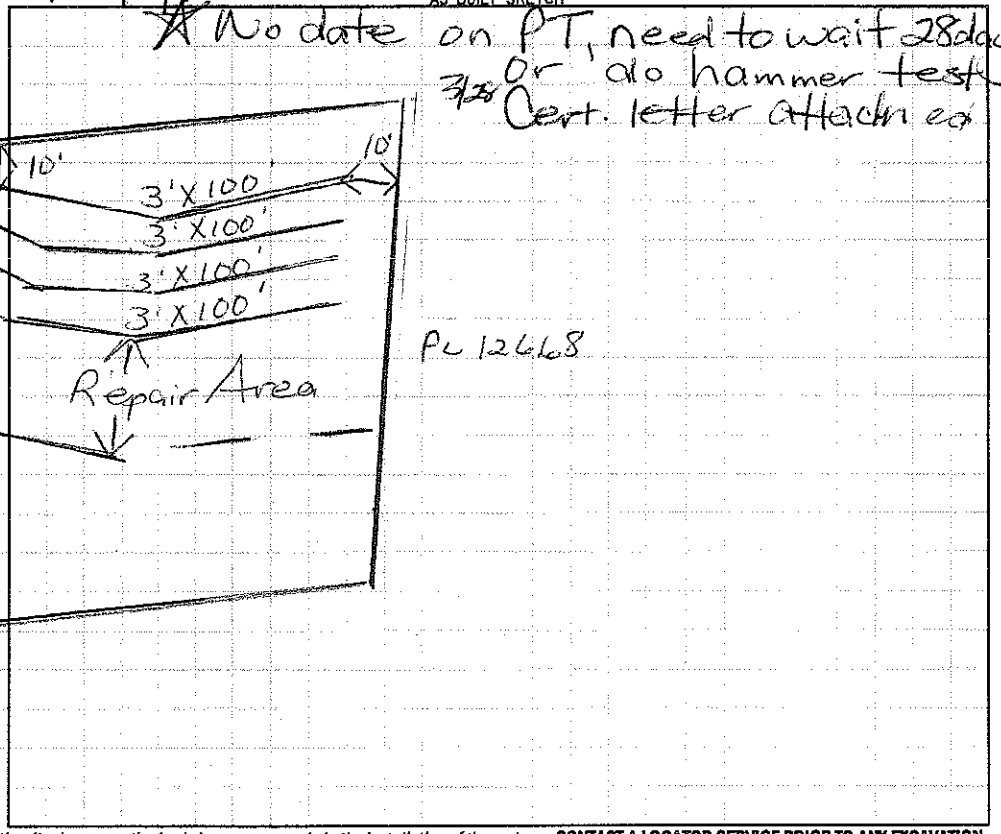
Comments / Conditions: Note: Original plan & soil work performed by SAME
★ Pool Cut for "Future Pool" must be at least 15ft from Septic System (tanks & drainlines)

This permit replaces previous permit dated 6-14-06.
Installed Quick 4 as Shown 3/11/13 Checked tanks & lines
★ No date on PT, need to wait 28 days or do hammer test 3/28 Cert. letter attached

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: Date:

IMPROVEMENT PERMIT by: Maria H. Tolson RS Date: 1/4/13

AUTHORIZATION TO CONSTRUCT by: Maria H. Tolson Date: 1/4/13

Installed by: Gunter Grading

OPERATION PERMIT by: Maria H. Tolson RS Date: 4/3/13

Existing System Inspected by: Date:

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