# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200820

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

PIN # 4645265921

APPLICANT: WAC CONTRACTING APPLICANT ADDRESS: 127 B PROMENADE DR. MOORESVILLE 28117

SITE ADDRESS: 124 QUEENS COVE RD MOORESVILLE 28117 PHONE: ALT. PHONE: 704 808 1909

SITE DIRECTIONS: WILLIAMSON - TR ALCOVE - TR TEMPLETON - TL QUEENS COVE - CORNER OF FORUM & QUEENS

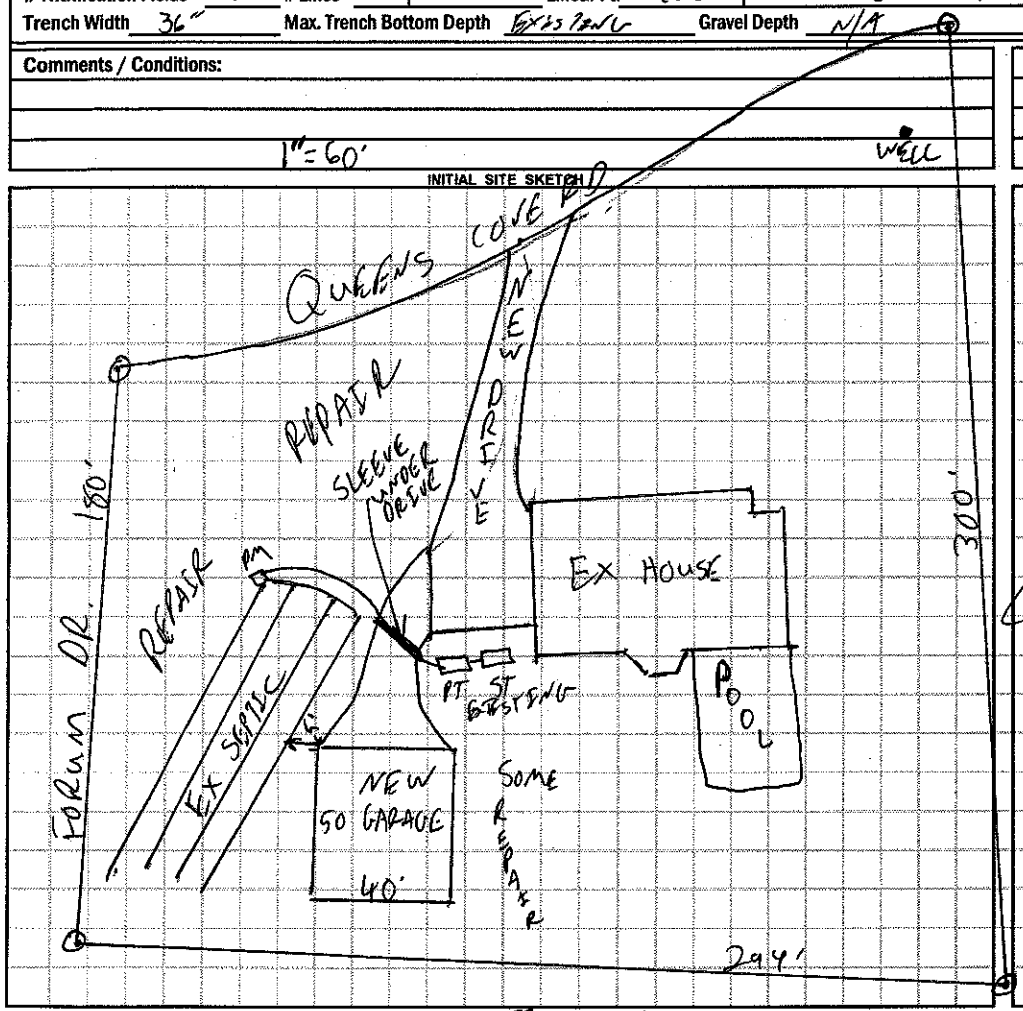
SUBDIVISION: QUEENS COVE SECTION: LOT # 117 LOT AREA: 1.42 AC DESIGN FLOW: 480 L.T.A.R.: EXISTING

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | EXISTING (gal) | STB | Date | ☑ 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: PUMP 25% REDUCTION W/SLEEVE SUPPLY | | ☐ Business | No. Persons | 8 | ☑ Private |
| Pump Make | | Model | Serial # | Repair System Description: UP PUMPS | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft: 400 | Maintenance Agreement Required: ☐ YES ☑ NO | ☐ Slab | ☑ Crawl Space | | ☐ Community |
| Trench Width | 36" | Max. Trench Bottom Depth | EXISTING | Gravel Depth | N/A ☐ GRAVITY ☑ PRESSURE | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions:

1" = 60'

INITIAL SITE SKETCH




- ADDING GARAGE & NEW DRIVE

AS BUILT SKETCH

- SLEEVE SUPPLY LINE WITH DUCTILE IRON OR EQ. UNDER DRIVE
- DO NOT CUT >2' FOR GARAGE FILL ONLY

LAKE NORMAN

*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: 2/17/14 Installed by:

IMPROVEMENT PERMIT by: Date: 2/4/14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 2/4/14 Existing System Inspected by: Date:

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