IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212810

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

PIN # 4645-46-9305.000

APPLICANT: Todd Holloway/America's HomePlace APPLICANT ADDRESS: 1208 Cleveland Dr. Mooresville NC

SITE ADDRESS: 173 Perrin Dr. Mooresville NC PHONE: 704-812-4400 ALT. PHONE:

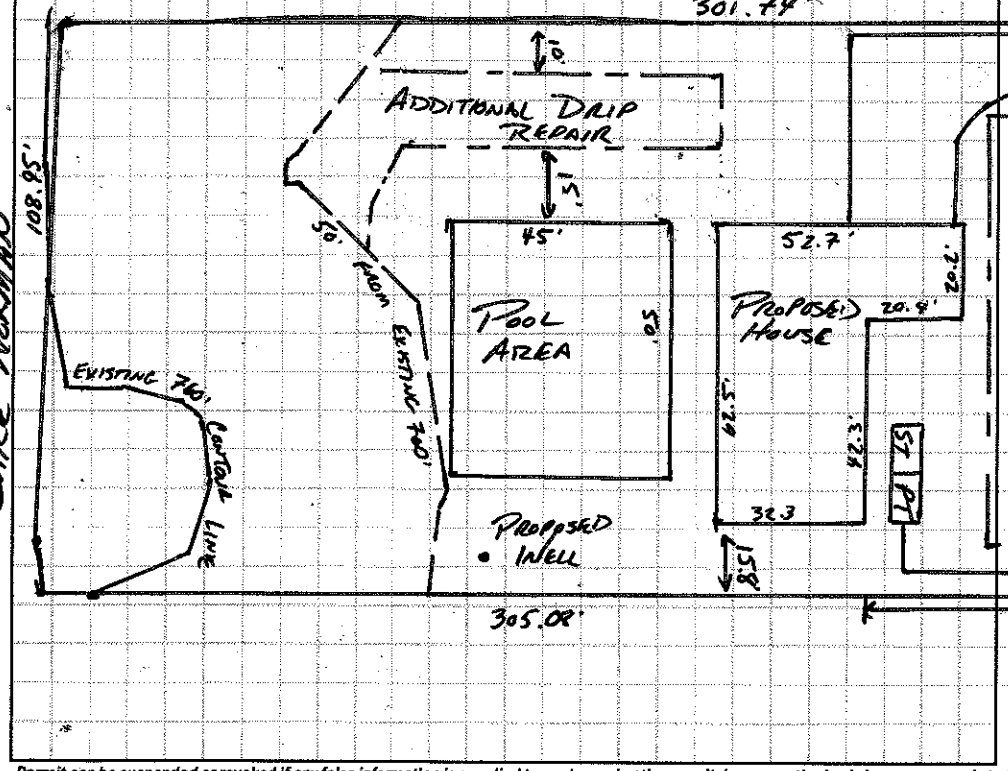
SITE DIRECTIONS: Alcove, TR Perrin Dr, Site on L

SUBDIVISION: Waters Edge Ph. II SECTION: 2 LOT # 24 LOT AREA: .837 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .25 I / 1.1 R

Septic Tank	1000	(gal)	STB	160	Date	8-4-15	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	6-25-15	System Description: 25% Reduction - Pump		☐ Business	No. Persons	6	☒ Private
Pump Make	Zoeller	Model		BN151-B	Serial #		Repair System Description: Drip		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines		4 @ 90'	Linear Ft:	360'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth		# 20" #	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

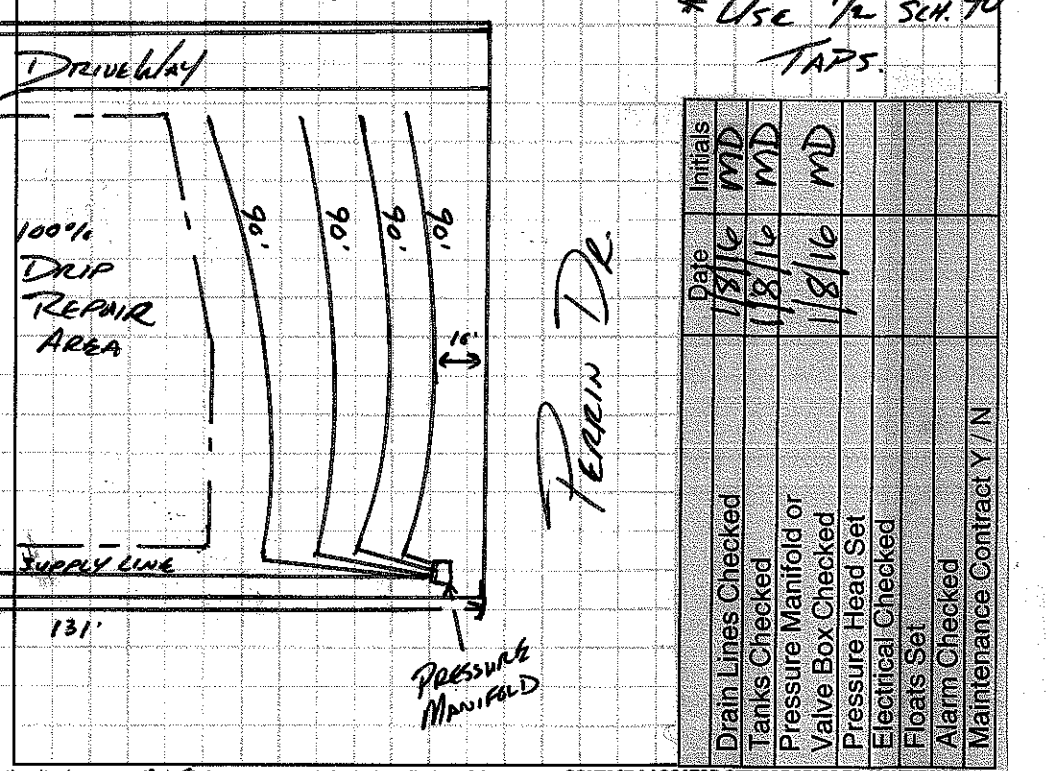
Comments / Conditions: Use Approved Fill To Make 6" Cover Over System. 8"-10" Of Existing Fill In Repair Area Will Have To Be Removed If Repair Area Is Utilized. Follow NC State Rules. Used Sch 80 for Pressure Manifold 11/8/16 Checked tanks, lines & pres manifold Didn't Check pres. * Use 1½" Sch. 40 Taps.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'



	Initials	Date
Drain Lines Checked	MD	11/8/16
Tanks Checked	MD	11/8/16
Pressure Manifold or Valve Box Checked	MD	11/8/16
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

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: Todd Holloway Date: 9/25/15 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: APPROVED SEP 24 2015 OPERATION PERMIT by: BAD Date: 2-13-16

AUTHORIZATION TO CONSTRUCT by: Date: 9/25/15 Existing System Inspected by: Date:

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