IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17994 2

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

PIN # 4648-13-4564

APPLICANT: ~~Mark + Holly Forester~~ Brian & Cindy James APPLICANT ADDRESS: 108 Artian Ct Mooresville NC 28117

SITE ADDRESS: 510 Big Indian Lp Mooresville NC 28117 PHONE: 704-663-7723 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W, TL on Bluefield Rd, stay straight approx. 1.5 miles, Lot on R

SUBDIVISION: Indian Forest SECTION: — LOT # 13 LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	1794	Date	6-25-14	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	283	Date	5-2-14	System Description:	PM 25% Reduction	☐ Business	No. Persons	8	☑ Private
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	480	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A		☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

8/8/14 Checked tanks & lines

INITIAL SITE SKETCH

SEE DESIGN BY
Soil & Forestry Services
of the
Carolinas, PA

Approved by ICHD

AS BUILT SKETCH

Installed Quick 4
essentially as drawn

Set 2' PH

Checked PM, Elec, Alarm
BA

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**

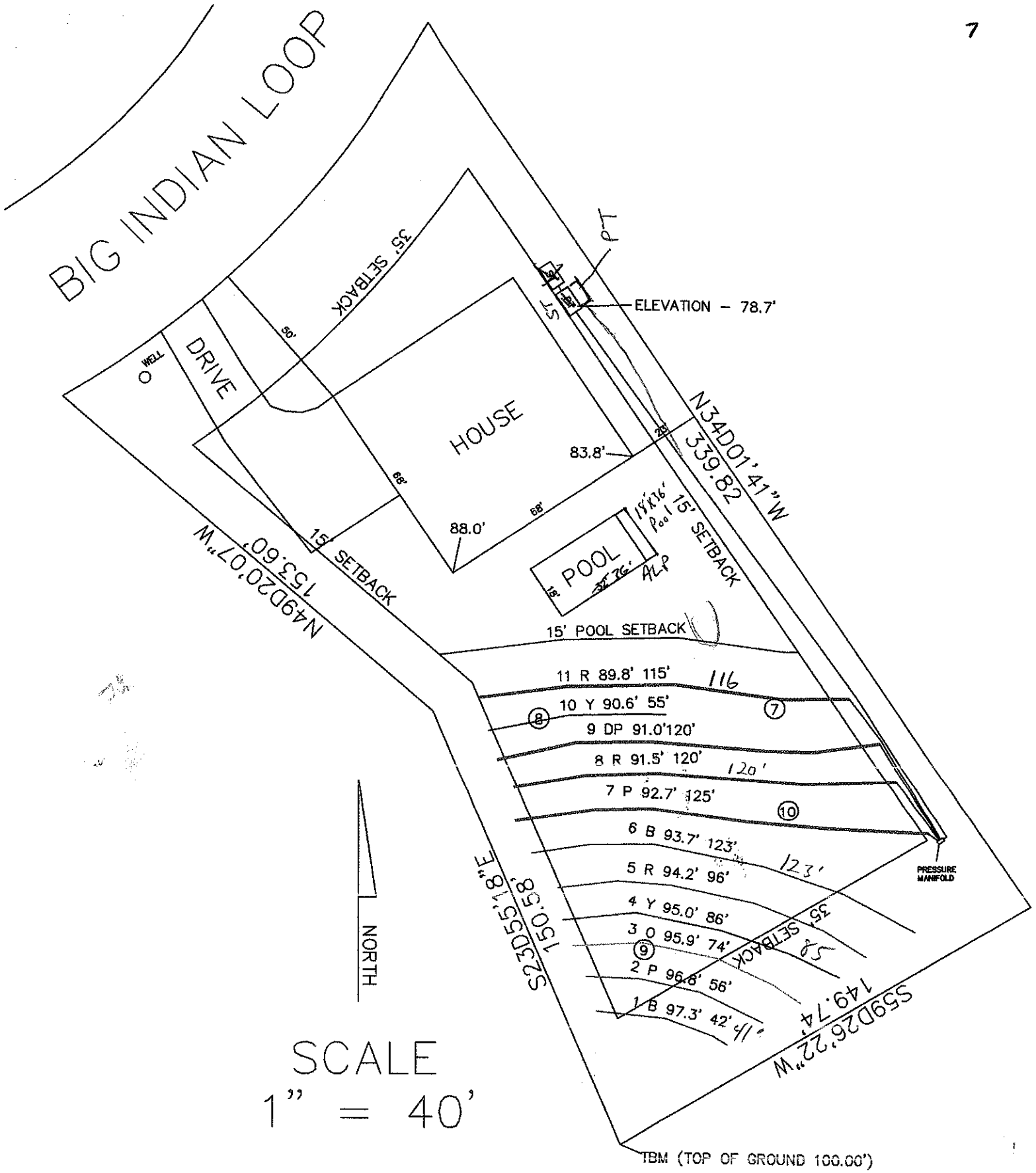
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12/10/13 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 12-9-13 OPERATION PERMIT by: BA Date: 9-23-14

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

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



SCALE
1" = 40'

Approved by
ICHD
ALP
12-6-13