IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213168

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

PIN # 4648-47-4962-5900

APPLICANT: Nest Homes LLC APPLICANT ADDRESS: PO Box 3965 Mooresville NC 28117

SITE ADDRESS: 120 Sisters Cove Ct PHONE: 704-437-9947 ALT. PHONE:

SITE DIRECTIONS: Hwy 150, TR on Perth Rd, TR on Cornelius, TR on Sisters Cove Ct lot on the R

SUBDIVISION: Sisters Cove SECTION: 5 LOT # 15 LOT AREA: 0.447 ac DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank 2000 (gal) STB 74-2000 Date 2-23-16 ☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank (gal) PT Date System Description: Community TS-11 Drip Irr.

Pump Make Model Serial # Repair System Description: Community TS-11 Drip Irr.

Nitrification Fields # Lines Linear Ft: Maintenance Agreement Required: ☑ YES ☐ NO

Trench Width Max. Trench Bottom Depth Gravel Depth ☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☑ Basement w/o plumbing

Water Supply

☐ Private

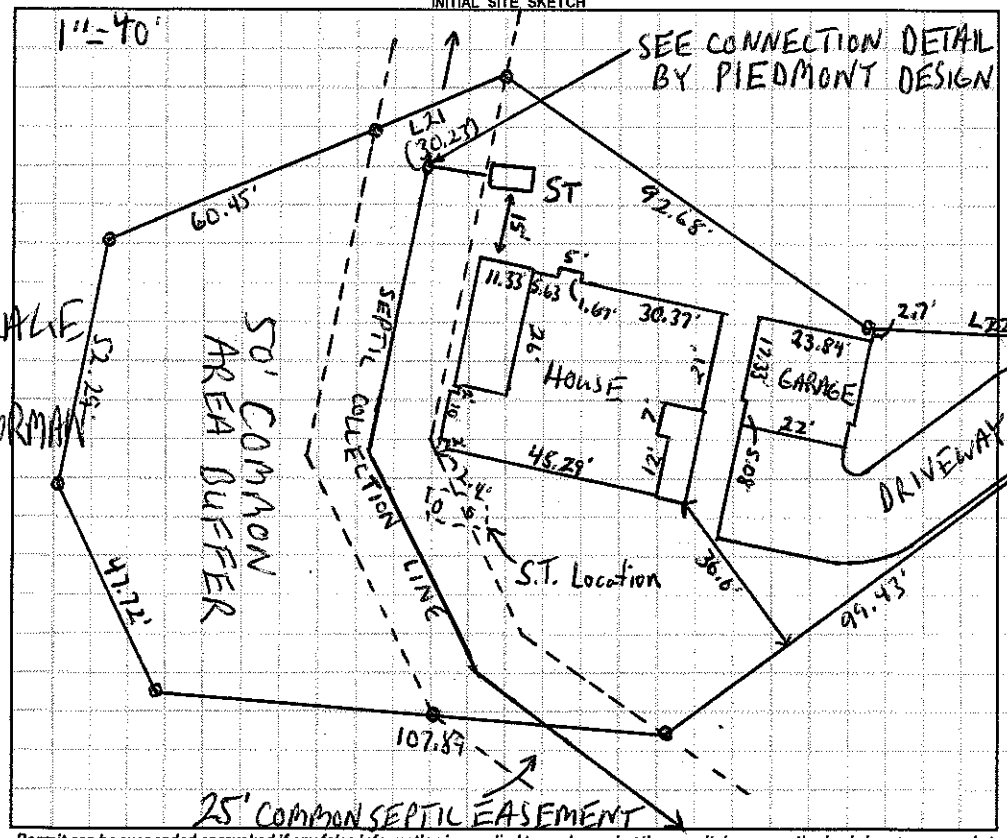
☐ Public

☑ Community

Comments / Conditions: - Install pump package, control panel and connect to collection line as specified by Piedmont Design

13 3/8 to lip - 4/21/16 Checked tank.

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: [signature] Date: 9/9/15 Installed by: R & H

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Tom Shuck Date: 5-25-16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-3-15 Existing System Inspected by: Date:

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