IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20605 2 ✓

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

PIN # 4648-48-8058 8095

APPLICANT: Nest Homes APPLICANT ADDRESS: 236 Raceway Dr Suite 7

SITE ADDRESS: 134 Sisters Cove Ct PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W, TR on Bluefield, TL on Cornelius, TL on Sisters Cove Ct, Lot on R before end

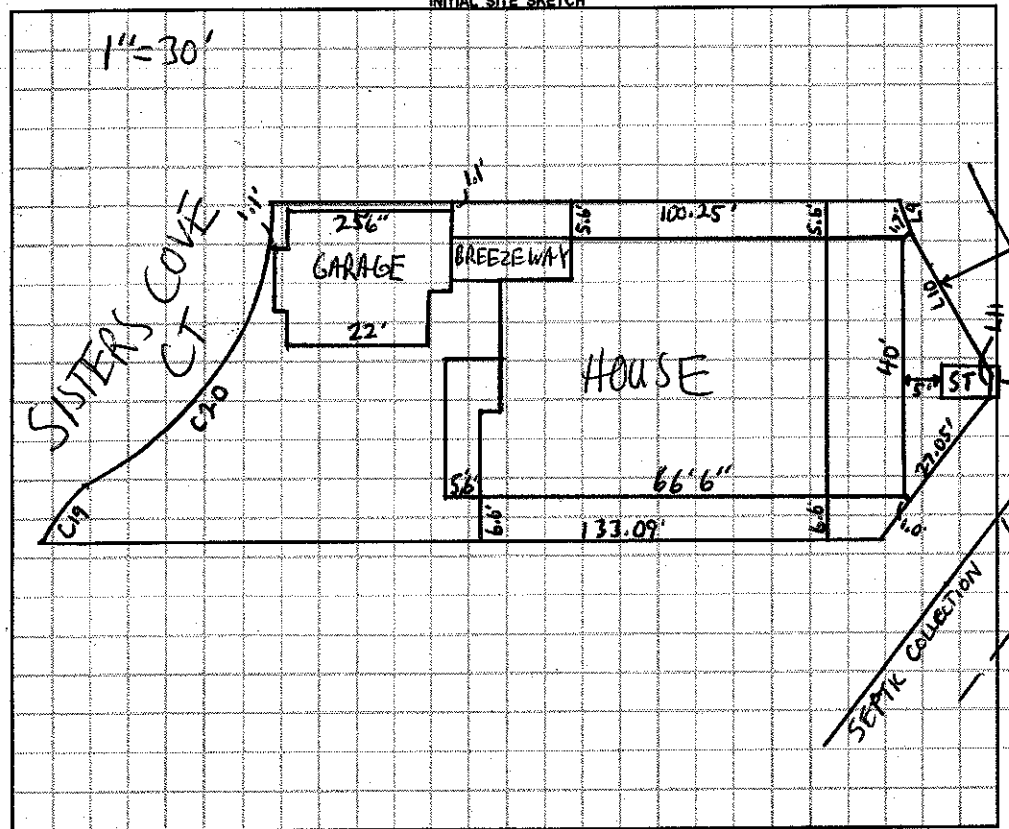
SUBDIVISION: Sisters Cove SECTION: V LOT # 22 LOT AREA: 0.146 ac DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank	2000 (gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Community TSII Pretreat Dcp			☐ Business	No. Persons	6	☐ Private
Pump Make	Model		Serial #	Repair System Description:	Community TSII Pretreat Dcp			☐ Other	No. Employees		☐ Public
# Nitrification Fields	# Lines		Linear Ft:	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☐ Crawl Space		☑ Community
Trench Width	Max. Trench Bottom Depth		Gravel Depth		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing		☐ Basement w/o plumbing	

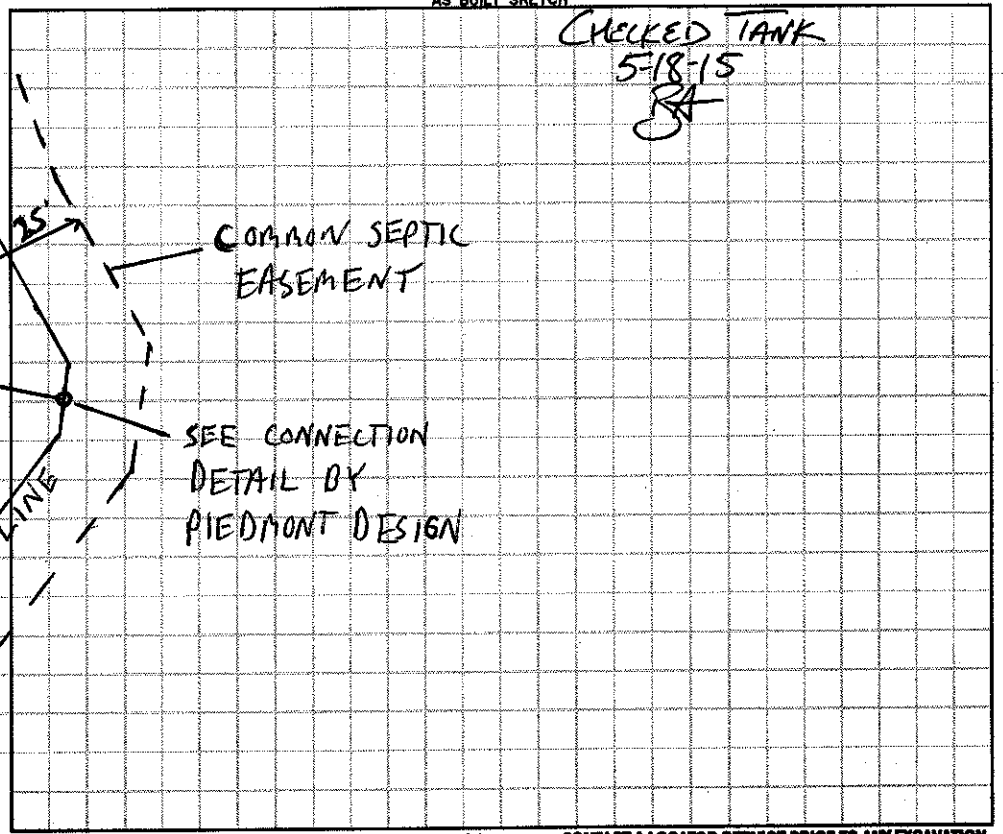
Comments / Conditions: Install pump package, control panel and connect to collection line as specified by Piedmont Design

9/24/15 Checked electrical alarm.

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: Tim Carr Date: 12-1-14 Installed by: REH

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: RS Date: 9/25/15

AUTHORIZATION TO CONSTRUCT by: Date: 11-18-14 Existing System Inspected by: Date:

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