IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 181244 (1st)

PIN # 4648562547

APPLICANT: HINCKLEY GAUNAIN LLC / Next Home APPLICANT ADDRESS: PO Box 3965 Mooresville 28117

SITE ADDRESS: 170 ~~Pinto Rd~~ Tufton Sisters Lane - Moor PHONE: ALT. PHONE: 704 237 4822

SITE DIRECTIONS: ~~DEATH~~ CORNELIUS RD - TL PINTO - ON RT (1st)

SUBDIVISION: SISTERS COVE SECTION: 3 LOT # 64 LOT AREA: 1.504 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	794	Date	3-28-16	☑ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	28.3	Date	5-31-16	System Description:	LP PPBPS
Pump Make	Myers	Model	ME45MC-21	Serial #	230 V.	Repair System Description:	LP PPBPS
# Nitrification Fields	1	# Lines	4	Linear Ft:	240	Maintenance Agreement Required:	☐ YES ☐ NO
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☑ Crawl Space

☐ Basement w/o plumbing

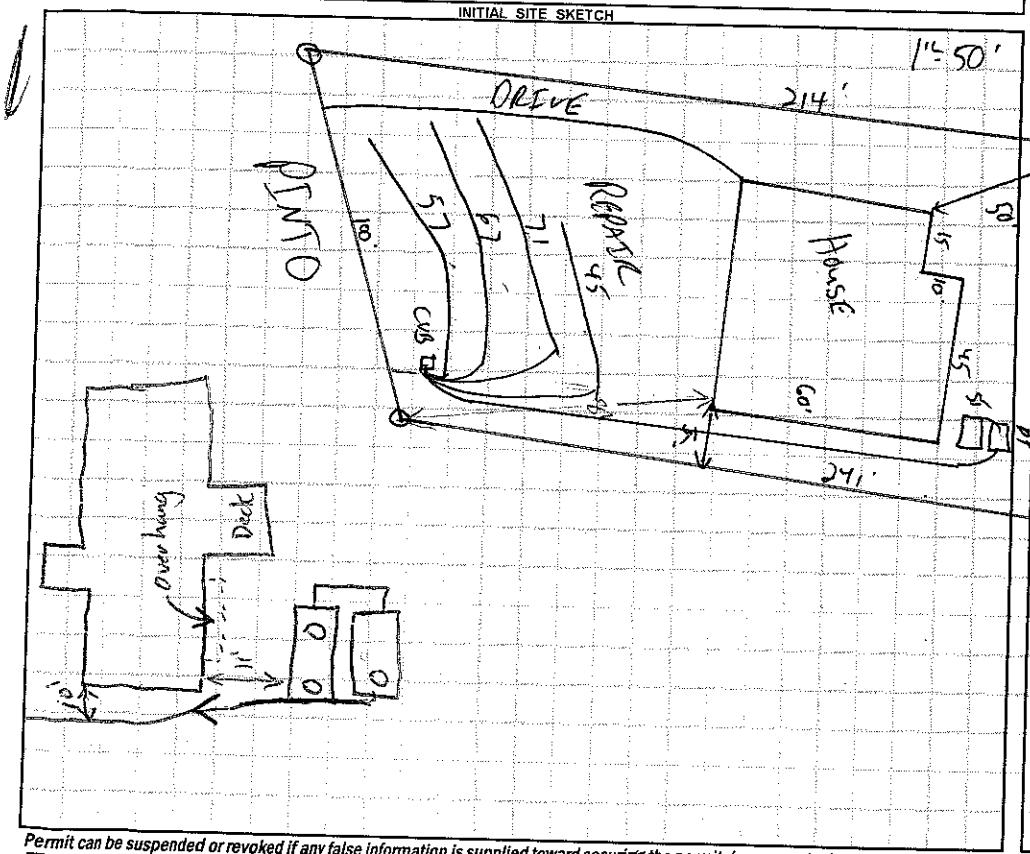
Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: ~~K~~ Must place house as shown on permit.

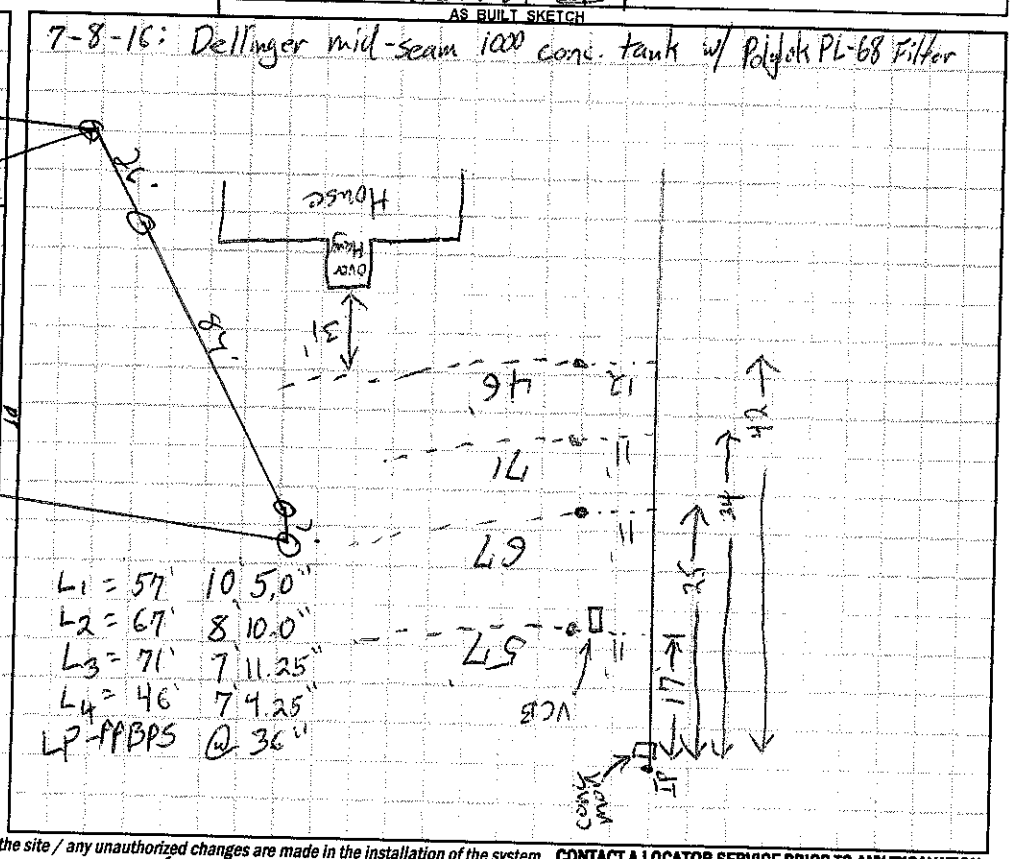
11/4/15 Renewed Floor plans, in Compliance with LP

2/23/16 New Floor plans submitted, in Compliance with LP

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: 10/21/15

IMPROVEMENT PERMIT by: [signature] RS Date: 10/18/15

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 11/4/15

Installed by: R + H Septic

OPERATION PERMIT by: W Sparks Date: 9/13/16

Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	7-8-16	SD
Tanks Checked	" "	SD
Pressure Manifold or Valve Box Checked	9/13	
Pressure Head Set	9/13	
Electrical Checked	9/13	
Floats Set	9/13	
Alarm Checked	9/13	
Maintenance Contract (Y) / N	9/13	
Comments:		