IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 177121

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

PIN # 4648-57-3155

APPLICANT: SISTERS COVE OF LKN | APPLICANT ADDRESS: PO BOX 3965 MVILLE 28117

SITE ADDRESS: 144 TWIN SISTERS LN - Mooresville | PHONE: | ALT. PHONE:

SITE DIRECTIONS: CORNELIUS, TL TWIN SISTERS ON R

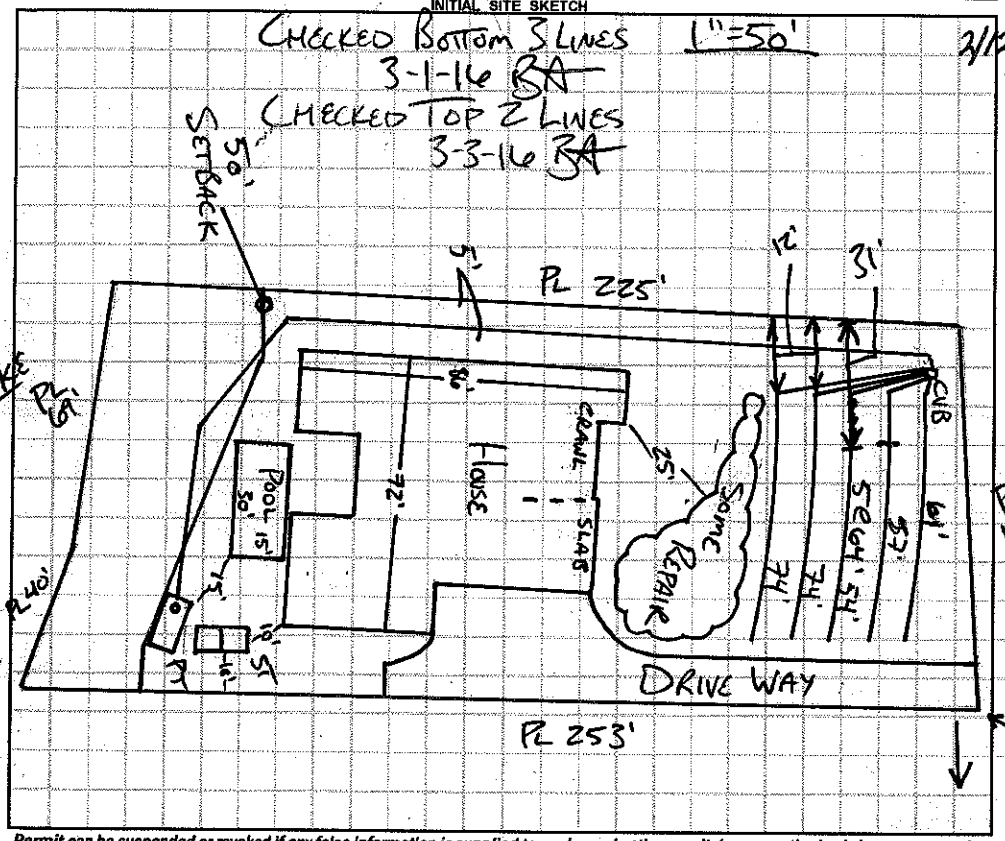
SUBDIVISION: SISTERS COVE | SECTION: 3 | LOT # 58 | LOT AREA: .56 AC | DESIGN FLOW: 480 | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 794	Date 9-21-15	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 283	Date 1-5-16	System Description:	LP PANEL BLOCK	☐ Business	No. Persons
Pump Make	MEYERS	Model ME5052	Serial #	Repair System Description:	SAME (SFE)	☐ Other	No. Employees
# Nitrification Fields	1	# Lines 5 C 64'	Linear Ft: 320'	Maintenance Agreement Required:	☒ YES ☐ NO	☒ Slab	☒ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth 36"	Gravel Depth —		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

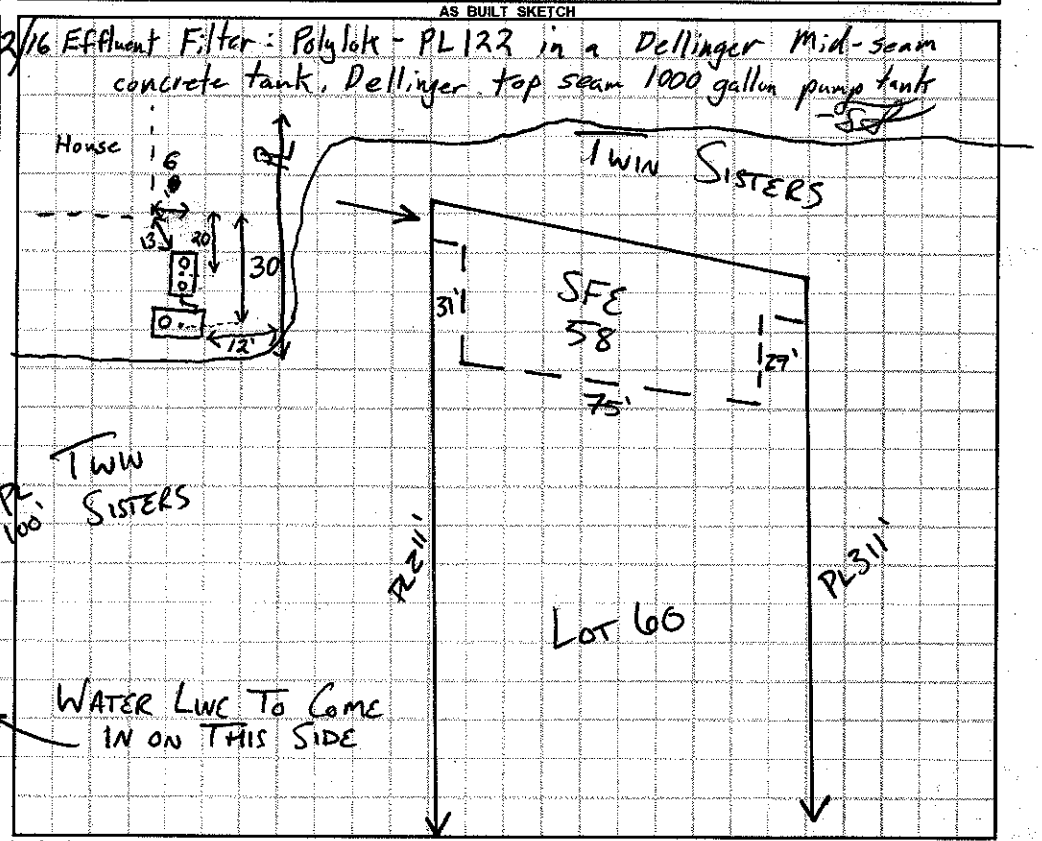
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: DO NOT ISSUE AC UNTIL SFE IS RECORDED
RECORDED 9-2-15 BA

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: Brad + Chris (R+H Septic)

IMPROVEMENT PERMIT by: [signature] Date: APPROVED AUG 26 2015 OPERATION PERMIT by: Maria Dotson RS Date: 6/9/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED SEP 09 2015 Existing System Inspected by: Date:

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

4.00

	Date	Initials
Drain Lines Checked	3-3	BA
Tanks Checked	2/12/16	BA
Pressure Manifold or Valve Box Checked	3-3	BA
Pressure Head Set	6/9/16	MD
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

