IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180593

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

PIN # 4648575447

APPLICANT: HINCHLEY ~~EARNHARDT~~ GALVRAITH APPLICANT ADDRESS: PO BOX 3965 MOORESVILLE NC 28117

SITE ADDRESS: 126 PINTO RD - MOORESVILLE NC 28117 PHONE: 704 237 4822 ALT. PHONE: 202 1524

SITE DIRECTIONS: 21 N - TL CORNELIUS RD - TL PINTO - ON RT

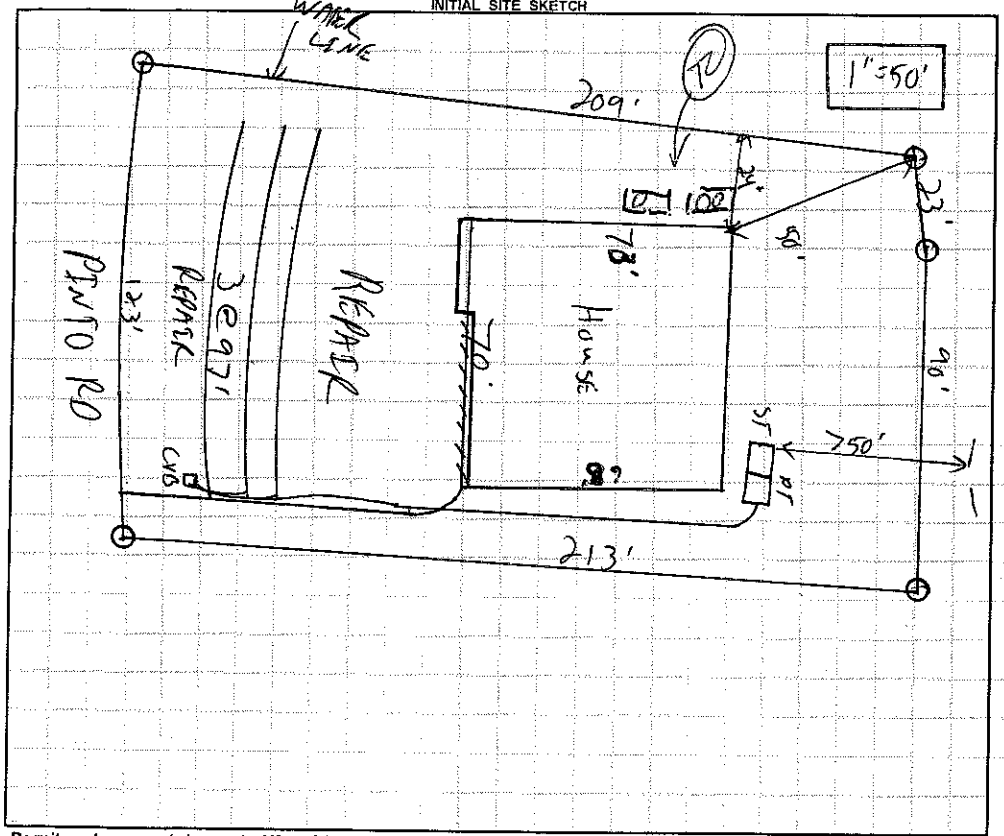
SUBDIVISION: SISTERS COVE SECTION: 3 LOT # 55 LOT AREA: .577 DESIGN FLOW: 480 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	794	Date	11-1-14	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☐ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT	27	Date	10-26-14	System Description:	CP PPBPS			☐ Business	No. Persons	8	☐ Private	
Pump Make	Myers		Model	ME50	Serial #		Repair System Description:	LPPPBPS			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	3e97'	Linear Ft:	291	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☒ Crawl Space		☒ Community	
Trench Width	24"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: IF OLD SEPTIC IS EXCAVATED DURING INSTALLATION - PERMIT MAY BE REVOKED.

12/12/14 OK to switch tanks to other side of house
12/15/14 Checked tanks & lines
3/18/15 Set 2FT pressure. Checked elect. & 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: [signature] Date: 10/15/13 Installed by: [signature]

IMPROVEMENT PERMIT by: [signature] RS Date: 10/7/13 OPERATION PERMIT by: [signature] RS Date: 3/18/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5-5-14 Existing System Inspected by: Date:

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