IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

4:00

PERMIT# 1467761 PIN# 4649743979 (704) DATE 1-7-08

OWNER OR APPLICANT Lally Construction/Freedom Homes PHONE: Business 200-5740 Home

ADDRESS 157 Seatrail Drive Mooresville NC 28117

LOCATION Hwy 15/US 21 TL Flowerhouse Rd TL Rankin Hill Rd on left 361 Rankinhill Troutman

SUBDIVISION Moore Forest BLOCK / SECTION LOT 30 LOT AREA .78 Acre SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 760 Date 4-6

Pump Tank: 1000 Gallons; PT 2603 Date 5-7

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 @ 75' Inch Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: PM - 25% Reduction

Repair System Description: Pump - 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

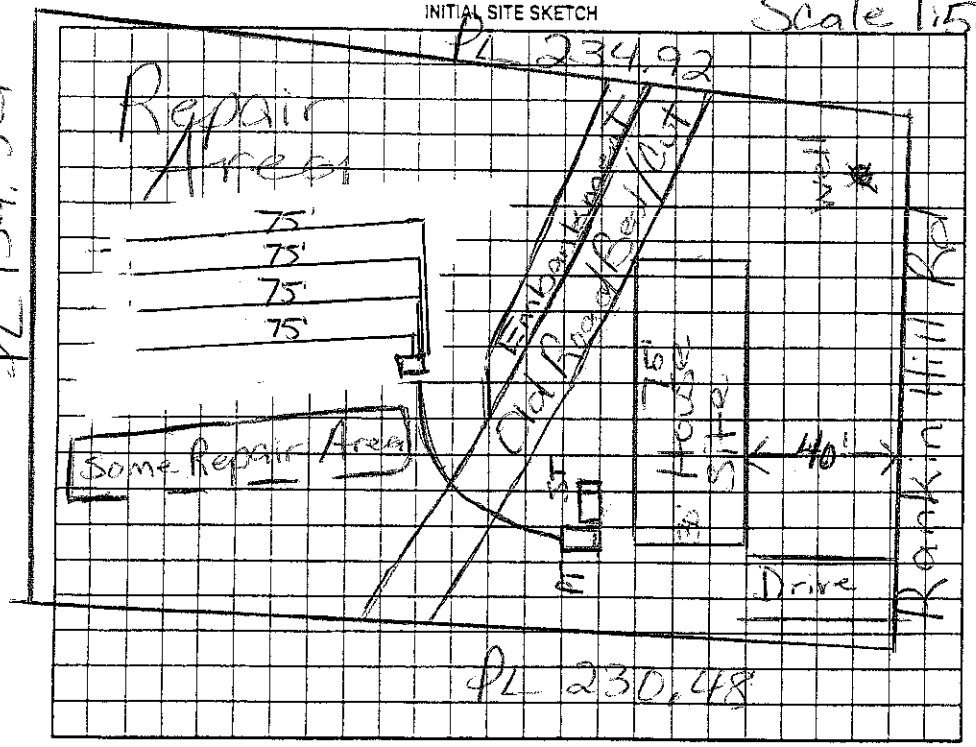
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

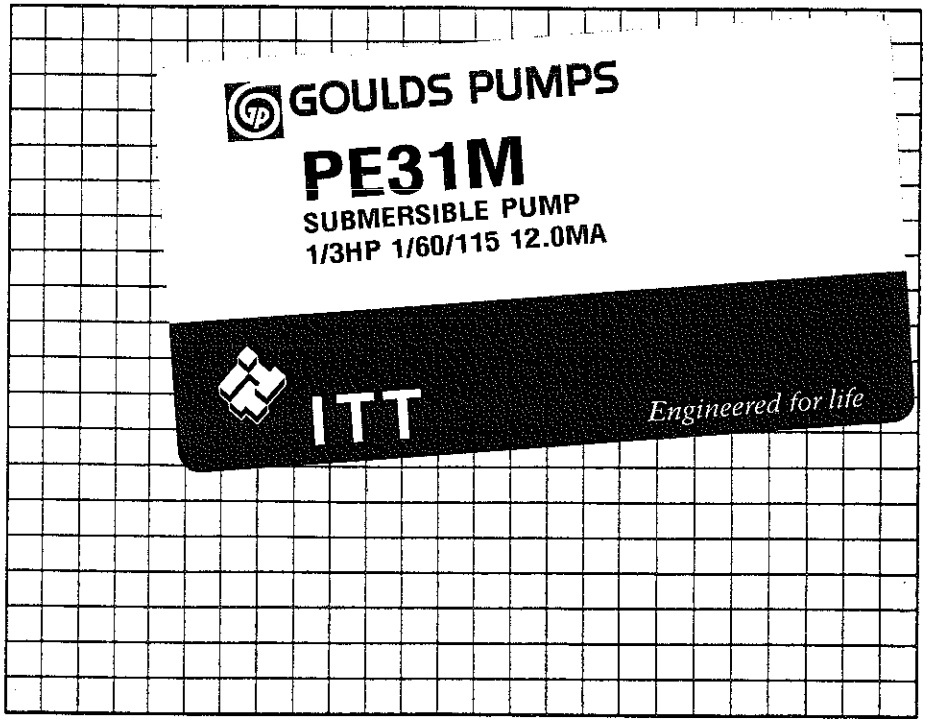
Comments:/Conditions: CHECKED FILTER CHECKED EL & ALARM
CHECKED PUMP
SET 2' PRESSURE HEAD 8-23-11

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH



PL 154, 54

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Mel Lally date 1-14-08 Installed by:

Improvement Permit by: Maria H. Adams RS date 1/7/08 Operation Permit by: REHS date 8-23-11

Authorization to Construct by: Shelly Mitchell REHS date 8-5-11 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK