IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207768

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

PIN # 4664-98-6246.000

APPLICANT: Shea Homes APPLICANT ADDRESS: 8008 Corporate Ctr Dr. Suite 300 Charlotte NC

SITE ADDRESS: 253 Walking Horse Trl. Davidson NC PHONE: — ALT. PHONE: —

SITE DIRECTIONS: Shearers, R Annistan Way, R Burnell, L Walking Horse, on L

SUBDIVISION: Annistan SECTION: 4 LOT # 133 LOT AREA: .758 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	825	Date	1-6-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	302	Date	3-18-15	System Description: LPD/RPS				☐ Business	No. Persons 8
Pump Make	Zoeller	Model	N152	Serial #		Repair System Description: Same				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	291'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A Sand		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: 1.5" To Feed Panels.

Follow All Septic Rules.

1/13/15 Reviewed floor plans in compliance with Septic plan 5/36" hole

INITIAL SITE SKETCH

See Attached / Approved Plan

By Michael Athanas

Assoc.

APPROVED JAN 12 2015

AS-BUILT SKETCH

9/2/15 Checked Tanks, lines & set 2ft pressure

	Date	Initials
Drain Lines Checked	9/2/15	MD
Tanks Checked	9/2/15	MD
Pressure Manifold or Valve Box Checked	9/2/15	MD
Pressure Head Set	9/2/15	MD
Electrical Checked		
Floats Set	9/2/15	MD
Alarm Checked		
Maintenance Contract Y / N		

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: Date: 1/13/15 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: APPROVED Date: JAN 12 2015 OPERATION PERMIT by: Date: 9/18/15

AUTHORIZATION TO CONSTRUCT by: RS Date: 1/13/2015 Existing System Inspected by: Date:

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

4-99-7519
or Formerly
Limited Partnership
1794 Page 884

ICHD
APPROVED JAN 12 2015

