IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 4:00 177675

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

PIN # 4668539670

APPLICANT: Patricia Williams APPLICANT ADDRESS: pbwms@bellsouth.net

SITE ADDRESS: 139 Oliphant Mooresville, NC 28115 PHONE: 704 880-5171 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 E. TL Hwy 801 N. TL Oliphant Rd on right #139

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.65Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 1012 Date 11-9-12 ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank 1000 (gal) PT 11 Date 5-20-10 System Description: Pump-25% Reduction

Pump Make Goulds Model PE-715 Serial # Repair System Description: Same

Nitrification Fields 4 # Lines 4 Linear Ft: 300' Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth 22" Gravel Depth N/A ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Basement w/o plumbing

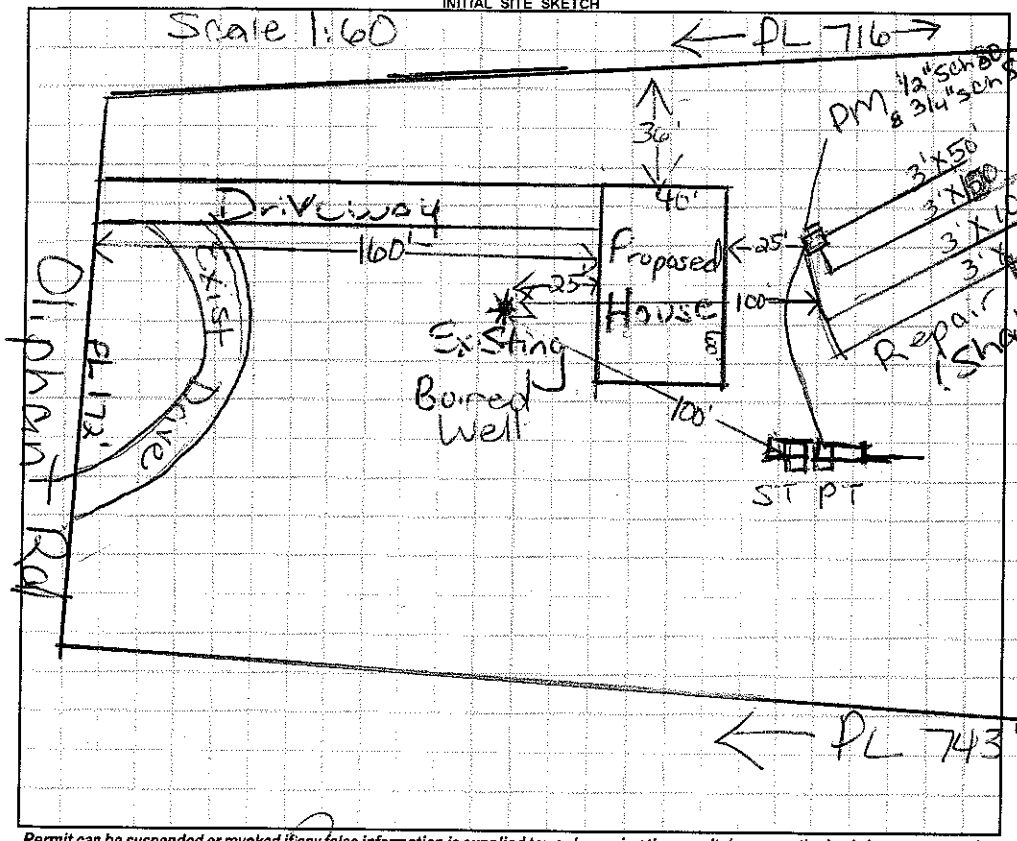
No. Bedrooms 3 No. Persons — No. Employees — ☐ Crawl Space

Water Supply: ☒ Private exist. ☐ Public ☐ Community

Comments / Conditions: Must keep house at least 25ft from existing well & Septic, must be 100ft from well. Keep Septic 25ft from basement wall

PM = Pressure Manifold ~~X~~ Use 1/2" sch 80 laps for 50ft lines & 3/4" sch 80 lap for 100ft lines

INITIAL SITE SKETCH



AS BUILT SKETCH

Note: Upper line & lower line 50ft 2 middle lines 100ft

Used Quick 4

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: 5/1/13 Installed by: Ground Breakers RS

IMPROVEMENT PERMIT by: [signature] RS Date: 5/1/13 OPERATION PERMIT by: [signature] RS Date: 9/23/13

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 5/1/13 Existing System Inspected by: Date:

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