2.30 --

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4675111049.000

APPLICANT: Cody & Cristin Edwards APPLICANT ADDRESS: 125 Thornbrook Ln. Mooresville, NC

SITE ADDRESS: 127 Thornbrook Ln. Mooresville, NC PHONE: 704-239-3693 ALT. PHONE:

SITE DIRECTIONS: Hwy 3 S, TR Johnson Dairy, TR Carolwoods, TL Thornbrook, site on L

SUBDIVISION: Carolwoods SECTION: LOT # 6 LOT AREA: 4.18 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .225

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 300
Trench Width 36" Max. Trench Bottom Depth * 26 * Gravel Depth N/A

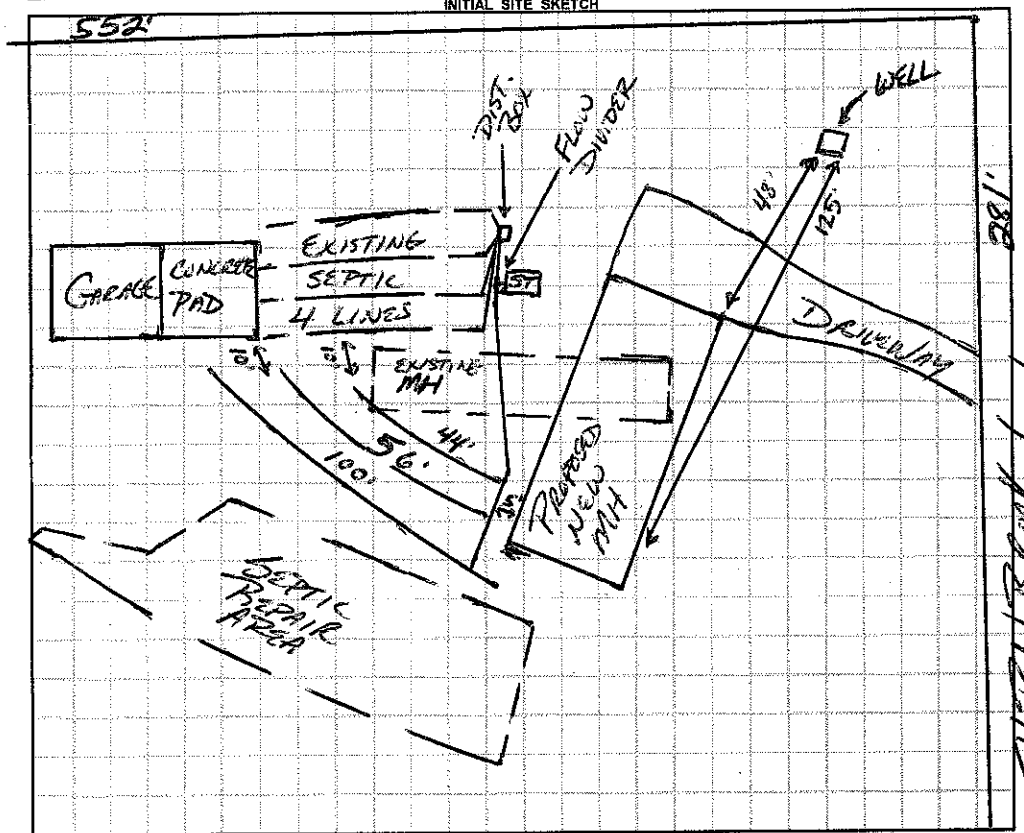
☐ New System ☐ Repair ☑ Expansion System Type: I II III IV V VI
System Description: 25% Reduction w/ existing
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install new 25% Reduction in 3 lines on contour for expansion of existing system. Abandon existing lines 5' from concrete pad. Eliminate existing Bull Run valve and replace w/ flow divider. Install distribution box w/ speed levelers to equally distribute to existing 4 lines. Use serial (end cap) distribution for new lines.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

* Remove 5' existing drainfield from edge of concrete pad and replace w/ approved soil.
* Existing Mobile Home must be removed before installing.
* Maintain 5' seperation from new Mobile Home and 10' seperation from existing lines.
* No traffic over drainfield.
* If repair is ever utilized evaluate again for shallow soils.
* Call Health Dept. with questions.

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: Cody Edwards Date: 8/18/14 Installed by: Tim Abee

IMPROVEMENT PERMIT by: [signature] Date: 8/15/14 OPERATION PERMIT by: [signature] Date: APPROVED OCT 01 2014

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/15/14 Existing System Inspected by: _____ Date: _____

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