IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 180530

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

PIN # 4676264308

APPLICANT: Brian Weatherman/SouthFreedel APPLICANT ADDRESS: 716 Linwood Rd Mooresville

SITE ADDRESS: 651 Brumley Rd Mooresville, NC PHONE: ALT. PHONE: 980 721-5565

SITE DIRECTIONS: Main St TR Linwood TL Brumley on Rt Corner

SUBDIVISION: SECTION: — LOT #: — LOT AREA: 4.33 Acre DESIGN FLOW: 550gpd L.T.A.R.: .3

Septic Tank ~~1250~~	(gal)	STB 338	Date 11-7-14	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms		Water Supply
Pump Tank 1500	(gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons		☒ Private
Pump Make		Model	Serial #	Repair System Description:		☒ Other	No. Employees		☐ Public
# Nitrification Fields 1		# Lines 5	Linear Ft: 615ft	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width 36"		Max. Trench Bottom Depth 36"		Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

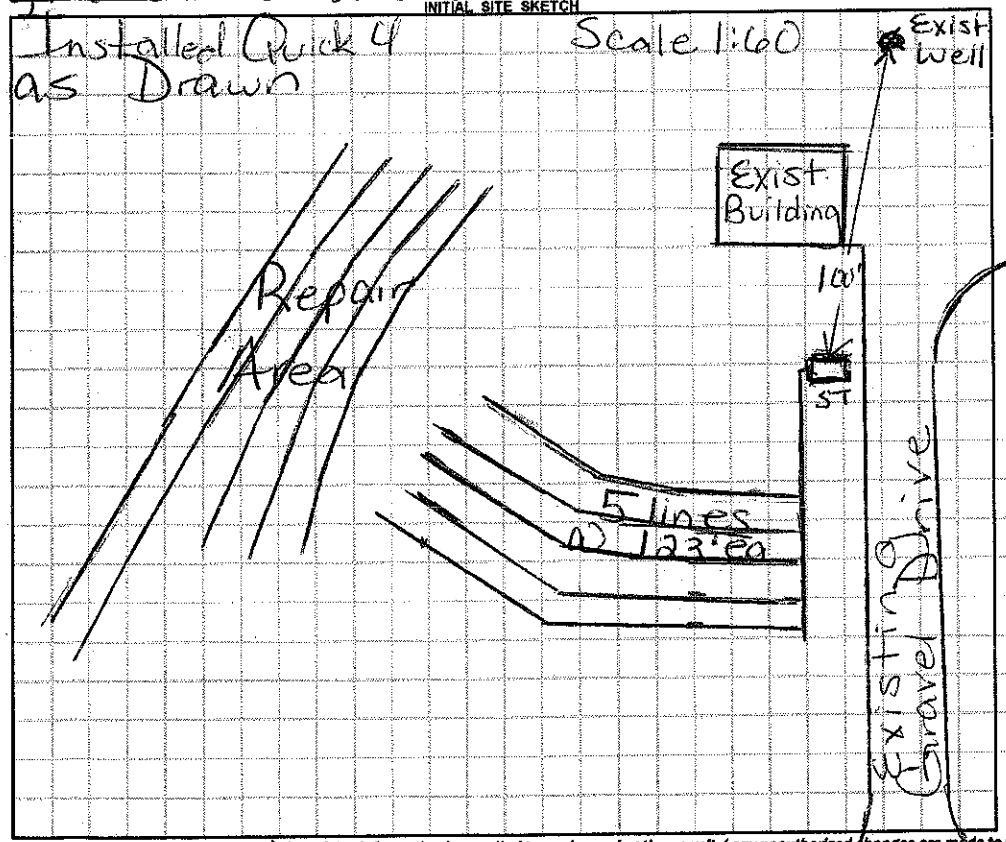
Comments / Conditions: 1) Pump will need to be installed if grade is not done properly to achieve gravity.
*2) No floor drains to be installed.
3) No Chemical wash down rooms to be built

*Fire Department
- 5 Beds @ 60gal/unsperbed
- 50 capacity Meeting room @ 5 gallons per person

INITIAL SITE SKETCH

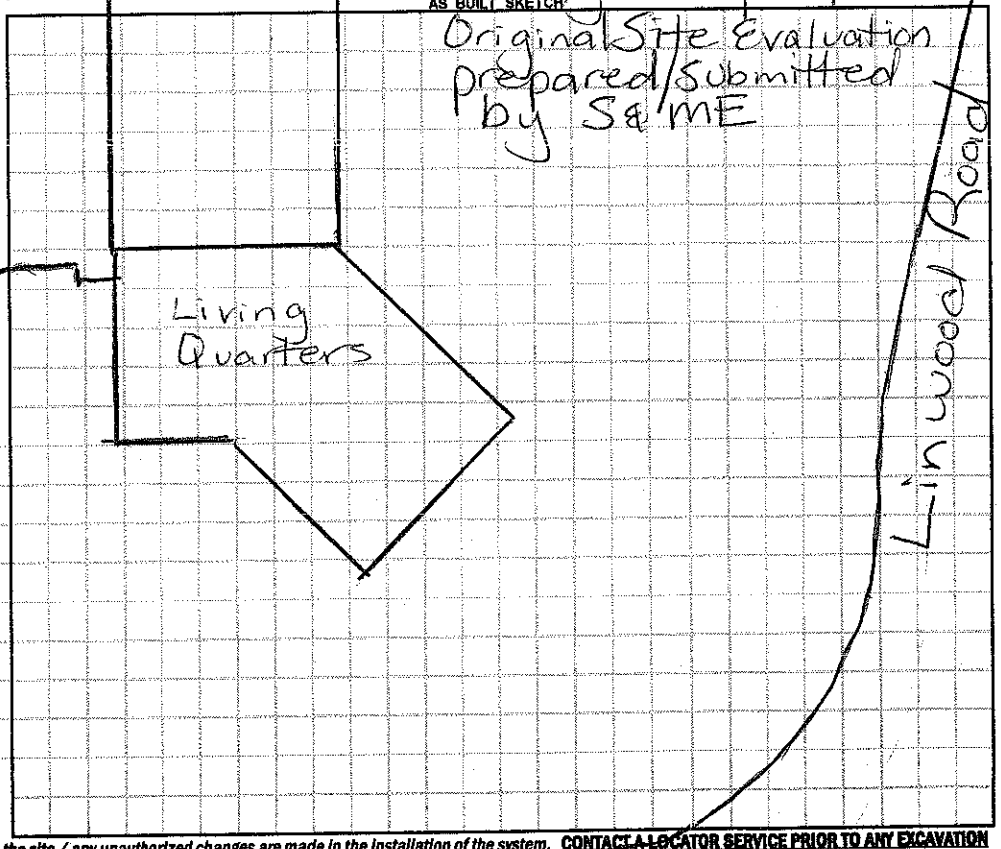
Installed Quick 4 as Drawn

Scale 1:60



AS BUILT SKETCH

Original Site Evaluation prepared/submitted by S&ME



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: 12/2/14

IMPROVEMENT PERMIT by: Date: 11/26/14

AUTHORIZATION TO CONSTRUCT by: Date: 11/26/14

Installed by: C. Wayne Gibson RS Date: 12/15/14

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

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