IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | Old #134566 | PERMIT # 209912

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

PIN # 4676662195 9

APPLICANT: Chad Puryear / Chad Goodin Signature Homes | APPLICANT ADDRESS: 915 River Hwy Mooresville NC 28117

SITE ADDRESS: 108 Marston Ct - Mooresville | PHONE: 704 363 7302 | ALT. PHONE: 704 660 5252

SITE DIRECTIONS: Main St. North TR Linwood TL Teeter Rd TR Walden Dr TR Marston Ct.

SUBDIVISION: Walden Ridge | SECTION: | LOT # 6 | LOT AREA: 1.19 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .25

Septic Tank 1000 (gal) STB J794 Date 3-4-16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 480 ft
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

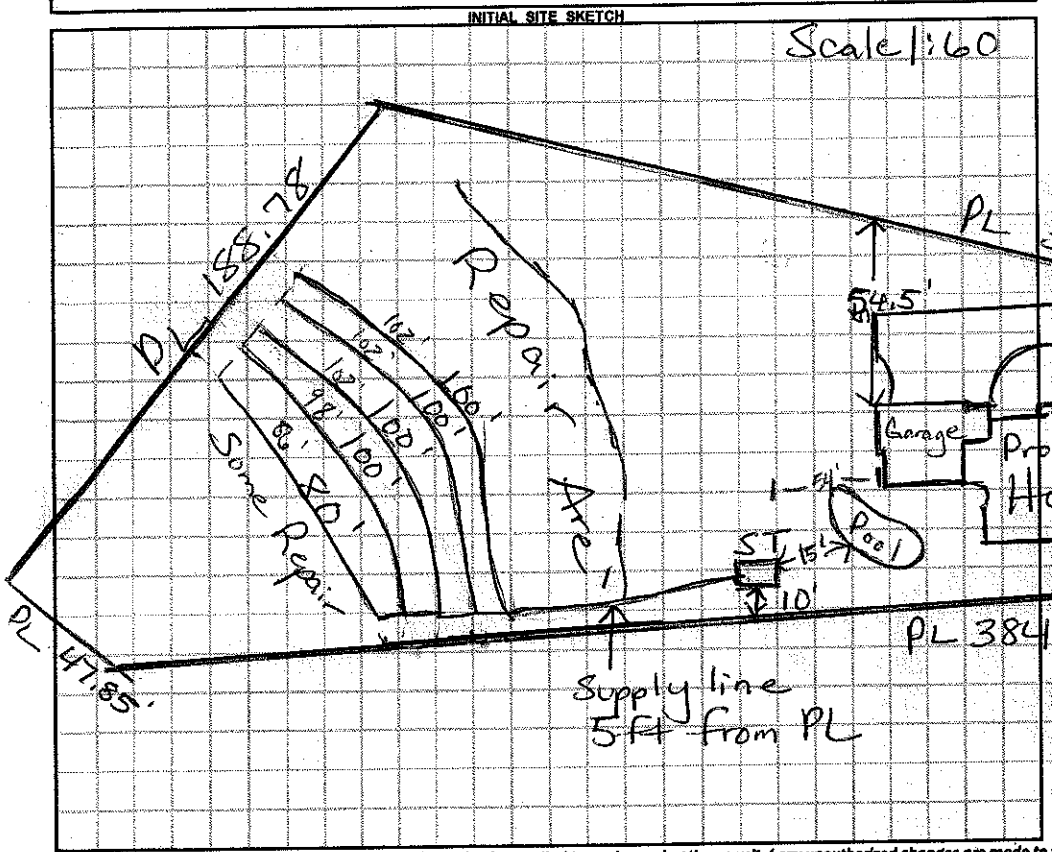
☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

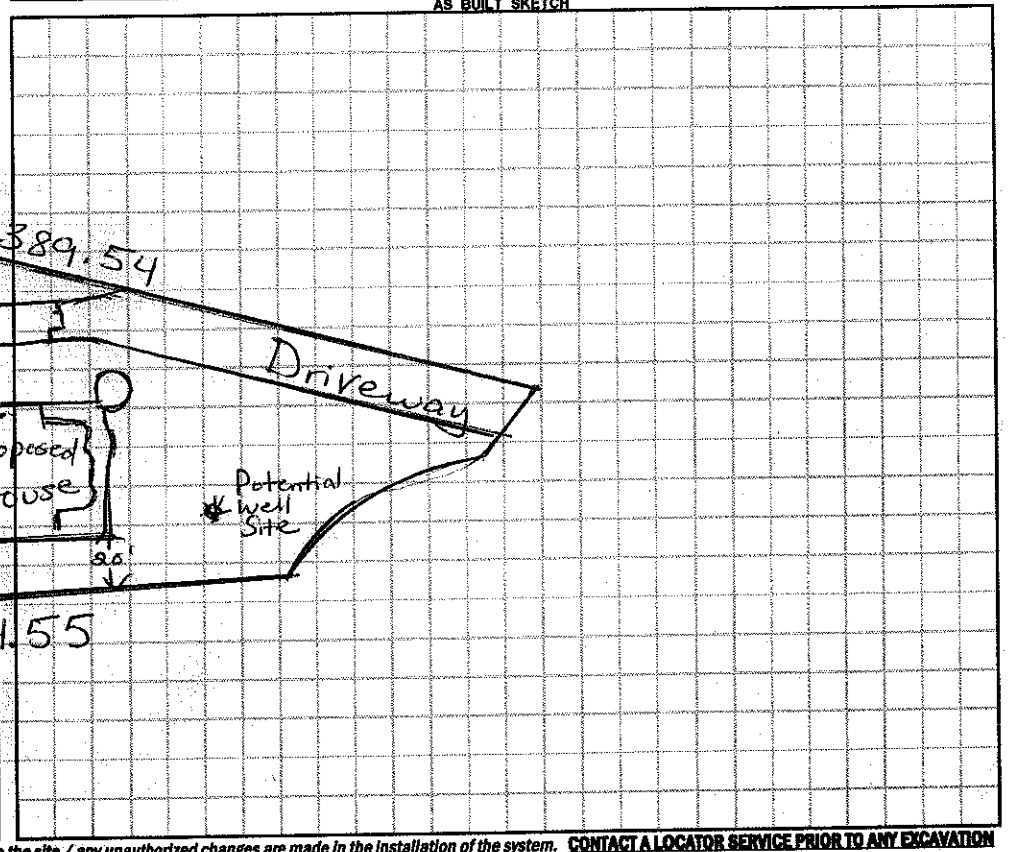
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Must keep any fixture pool at least 15ft from septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if 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: 9/11/15 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: RS Date: 6/1/15 OPERATION PERMIT by: Date: 4-6-16

AUTHORIZATION TO CONSTRUCT by: RS Date: 6/1/15 Existing System Inspected by: Date:

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