IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208602

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

PIN # 4676953815

APPLICANT: BMCH North Carolina APPLICANT ADDRESS: 10735 David Taylor Dr Ste 310 Charlotte, NC 28262

SITE ADDRESS: 129 Rain Shadow Dr - Mooresville PHONE: ALT. PHONE:

SITE DIRECTIONS: Main St N TR Linwood TL Teeter Rd TR RainShadow Dr on left

SUBDIVISION: Hollybrook SECTION: 2 LOT # 20 LOT AREA: 1.157 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

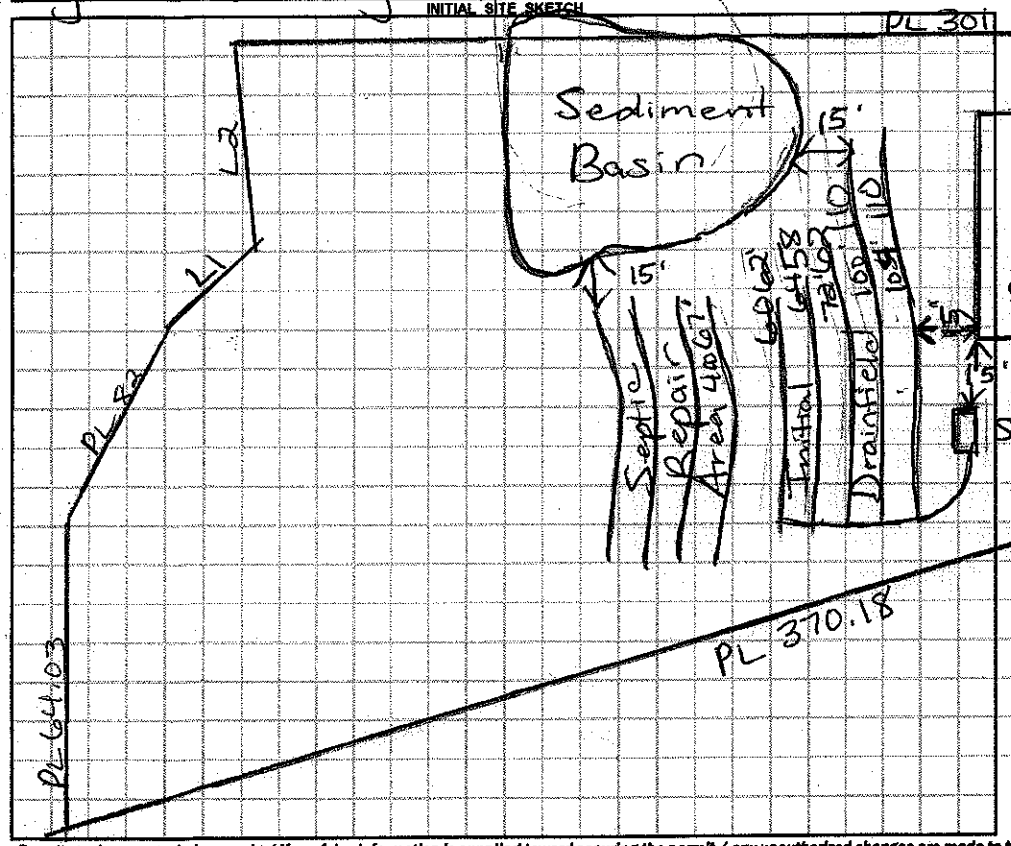
Septic Tank	1000 (gal)	STB	794	Date	9-14-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description:	LPP PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	400ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Set house 45ft back from front PL to allow for setback between basement & Septic Drainfield
Hug PL with driveway to allow for room for well

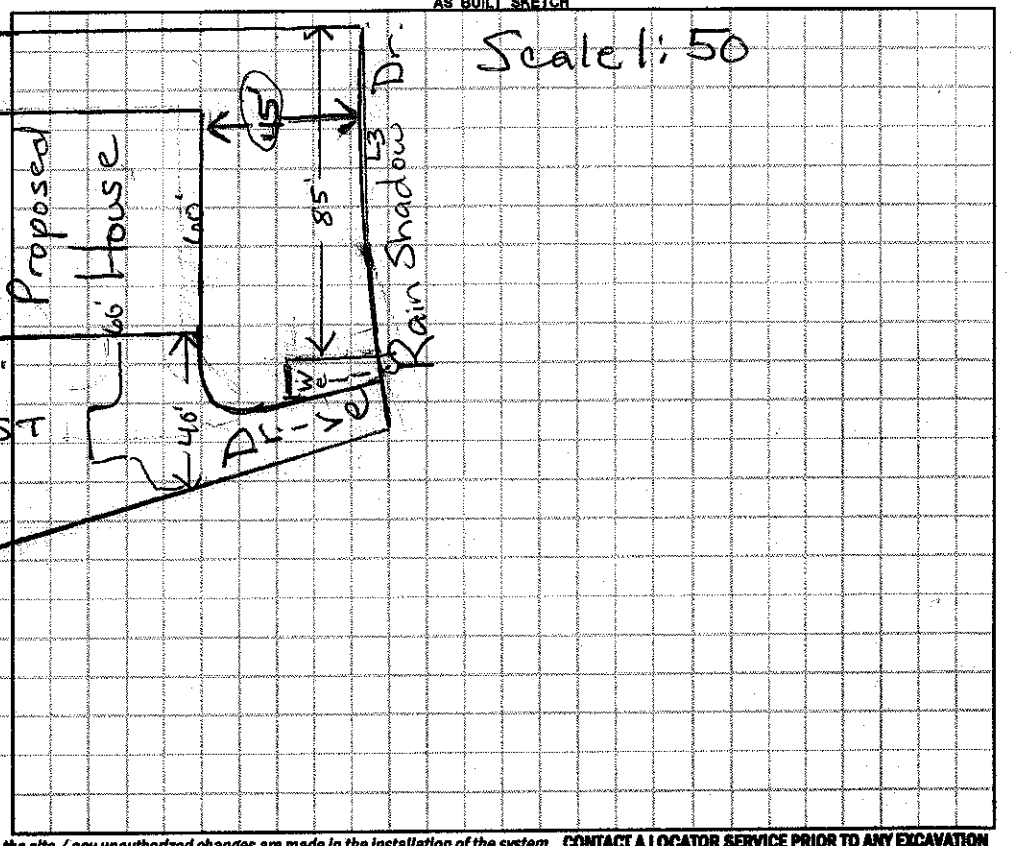
Used Quick 4 for Drainfield

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



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: Pat R[illegible] Date: 4/13/15 Installed by: Russell Williams

IMPROVEMENT PERMIT by: Maria H. Dotson RS Date: 4/8/15 OPERATION PERMIT by: Maria H. Dotson RS. Date: 10/14/15

AUTHORIZATION TO CONSTRUCT by: Maria H. Dotson RS Date: 4/8/15 Existing System Inspected by: Date:

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