IREDELL COUNTY HEALTH DEPARTMENT

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

This permit replaces previous issued on 3-6-13

PERMIT # 173732

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

PIN # ~~4725318965~~ 4725412894

APPLICANT: Primax Construction Inc. APPLICANT ADDRESS: 293 Olmstead Blvd

SITE ADDRESS: Taylorsville Hwy PHONE: 910-295-1846 ALT. PHONE: N/A

SITE DIRECTIONS: Corner of Marble & Taylorsville Hwy

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.4 acres DESIGN FLOW: 200gpd L.T.A.R.: 0.3

Septic Tank	2000 (gal)	STB	328	Date	5-1-10	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	2000 (gal)	PT	22359	Date	9-26-10	System Description:	25% Reduction
Pump Make	Goulds	Model	WE0312M1U	Serial #	IPWG03121	Repair System Description:	25% Reduction - Pump
# Nitrification Fields	1	# Lines	3	Linear Ft:	168	Maintenance Agreement Required:	☑ YES ☐ NO
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☑ PRESSURE

☑ Residence ☑ Business ☐ Other ☑ Slab ☐ Basement w/plumbing

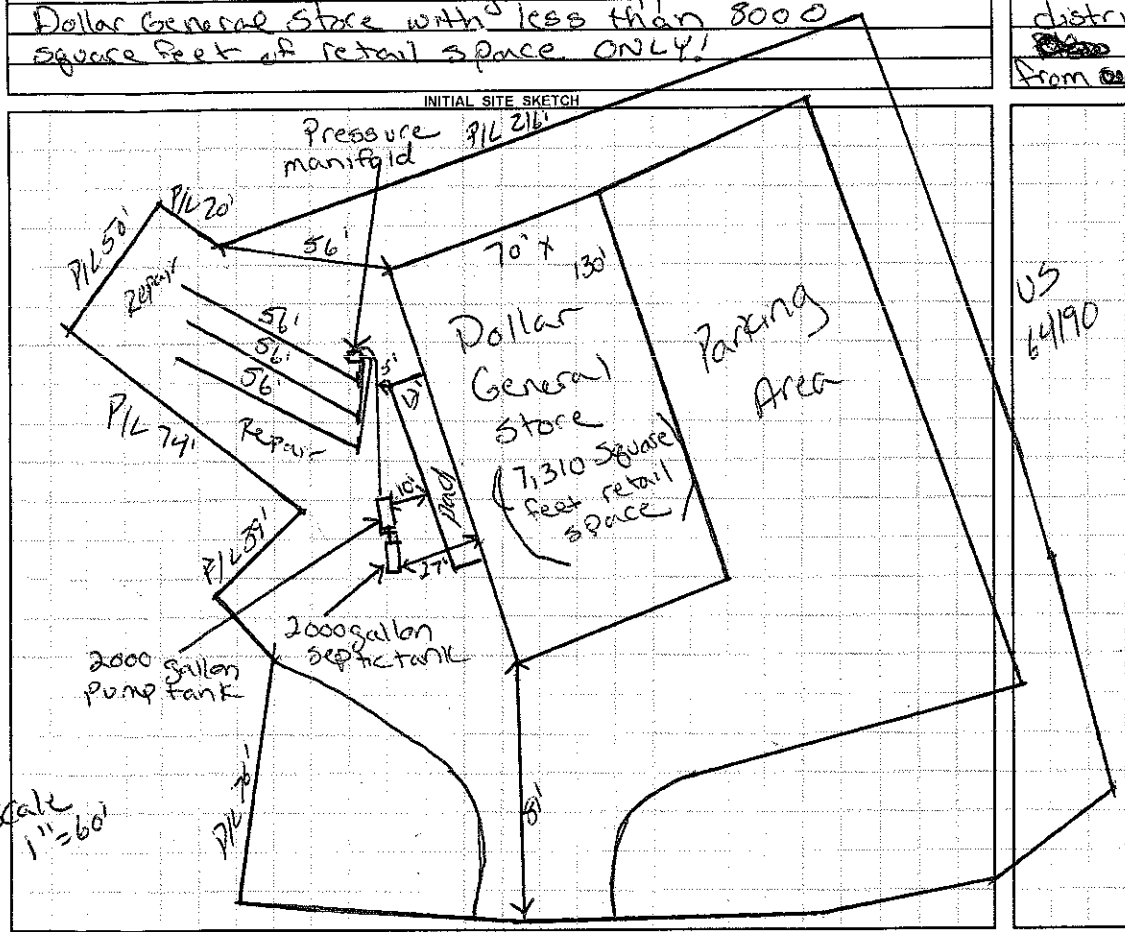
No. Bedrooms ____ No. Persons ____ No. Employees ____ ☐ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: - Septic design is approved for a Dollar General store with less than 8000 square feet of retail space ONLY!

Install a 25% Reduction system with parallel distribution on contour. A flow equalization control panel must be used. Force main from pump tank to pressure manifold is 1 1/2".

INITIAL SITE SKETCH



AS BUILT SKETCH

- Quick 4 Chambers installed
- Redpoly 40 filter installed
- 43 gallons/inch in pump tank
- 109 gallon dose volume
- Flow equalization control panel installed.
- Installed as drawn here

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: ____ Installed by: Leatherman Septic tank

IMPROVEMENT PERMIT by: Justin Henderson Date: 4-15-13 OPERATION PERMIT by: Justin Henderson Date: 4-30-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 4-15-13 Existing System Inspected by: ____ Date: ____

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