IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202759

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

PIN # 4730626368

APPLICANT: Michael Nelson APPLICANT ADDRESS: 328 River Birch Circle

SITE ADDRESS: 157 Driftwood Cove Drive PHONE: 704-201-5930 ALT. PHONE: N/A

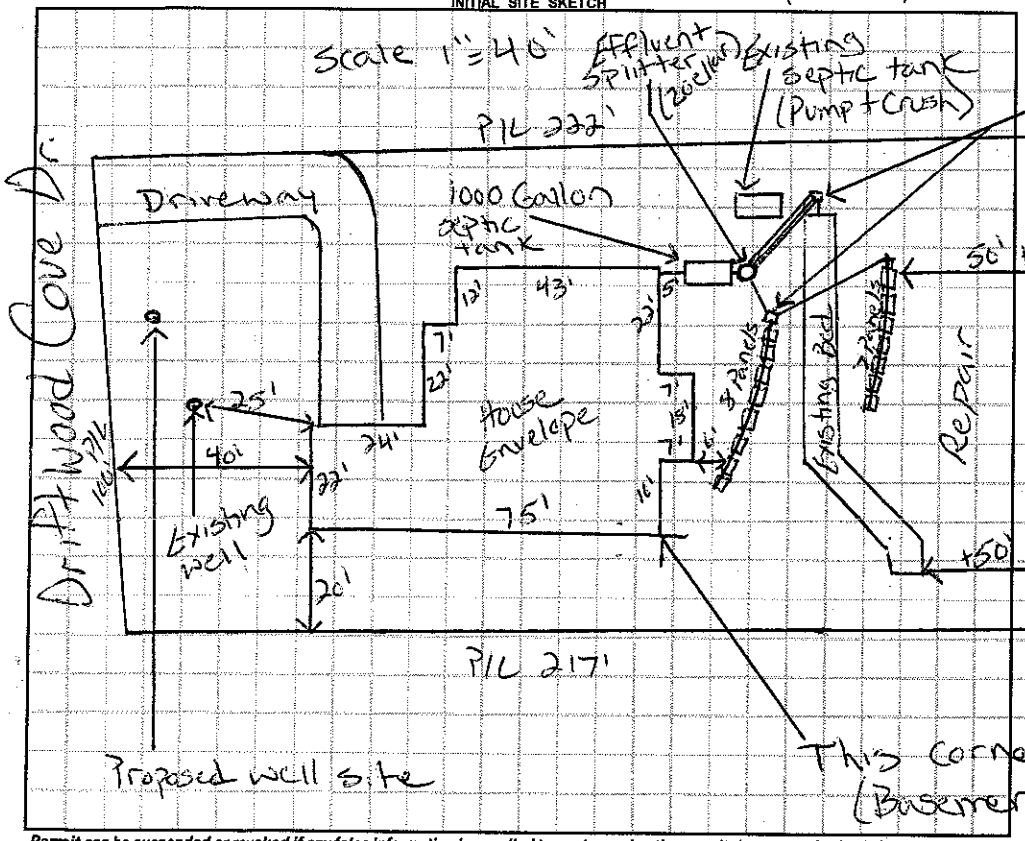
SITE DIRECTIONS: Hwy 21S TR Perth Rd TR Driftwood Cove Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.151 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.3

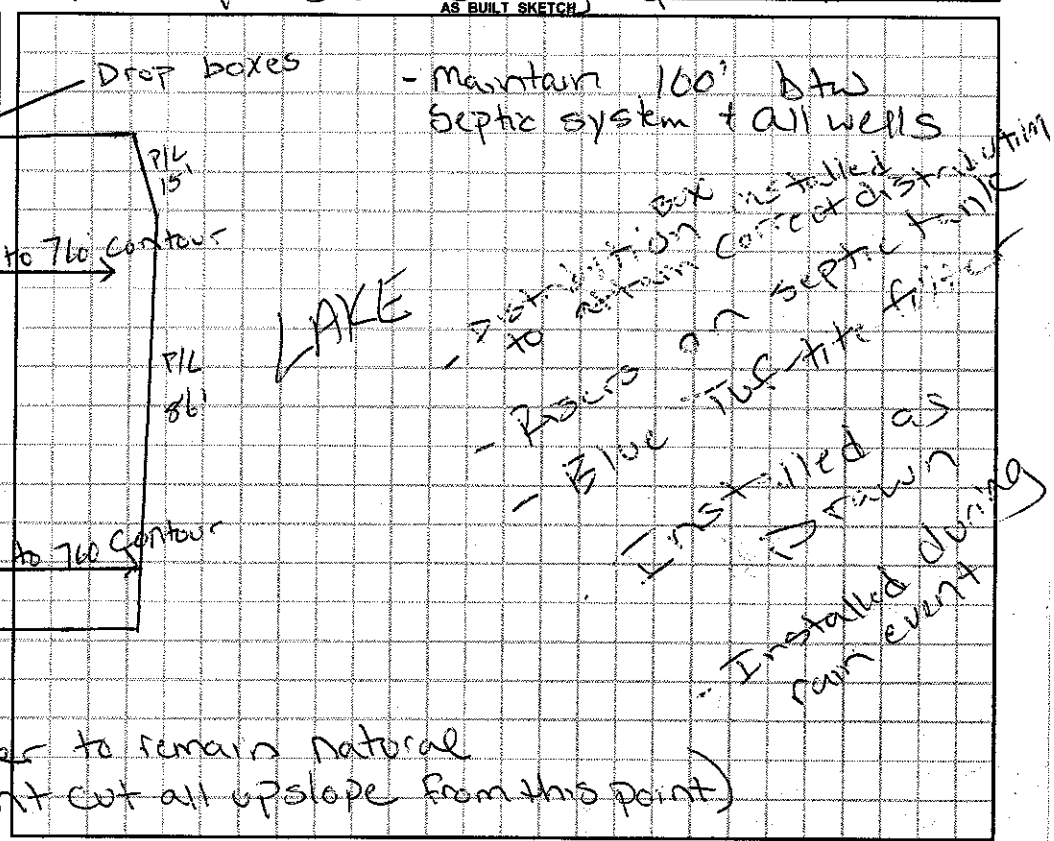
Septic Tank	1000 (gal)	STB	≥25	Date	1-12-15	☐ New System ☐ Repair ☑ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT		Date		System Description: PPBPS		☐ Business	No. Persons 8	☑ Private
Pump Make		Model		Serial #		Repair System Description: Pretreatment 25% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft:	66	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Improvements only! Submit Floor Plan prior to issuance of CA! Install a PPBPS system on contour with serial distribution as shown below. Utilize an effluent splitter, such as Zoeller, to send 3/4 effluent to existing bed as shown. Send 1/4 effluent to PPBPS lines & set to feed serially utilizing a drop box. Pump & Crush existing septic tank

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Michael C. Nelson Date: 6-5-14 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 6-3-14 OPERATION PERMIT by: Justin Henderson Date: 3-11-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 6-4-14 Existing System Inspected by: Date:

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