IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 213713

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

PIN # 4732511943 06-5187

APPLICANT: Landis Reed Homes LLC APPLICANT ADDRESS: Po Box 58 Cornelius

SITE ADDRESS: 108 Autumn Mist ~~Avenue~~ Rd. PHONE: 704-402-0073 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 S TR Old Mtn Rd TR Wallace Springs Rd TR Autumn Mist

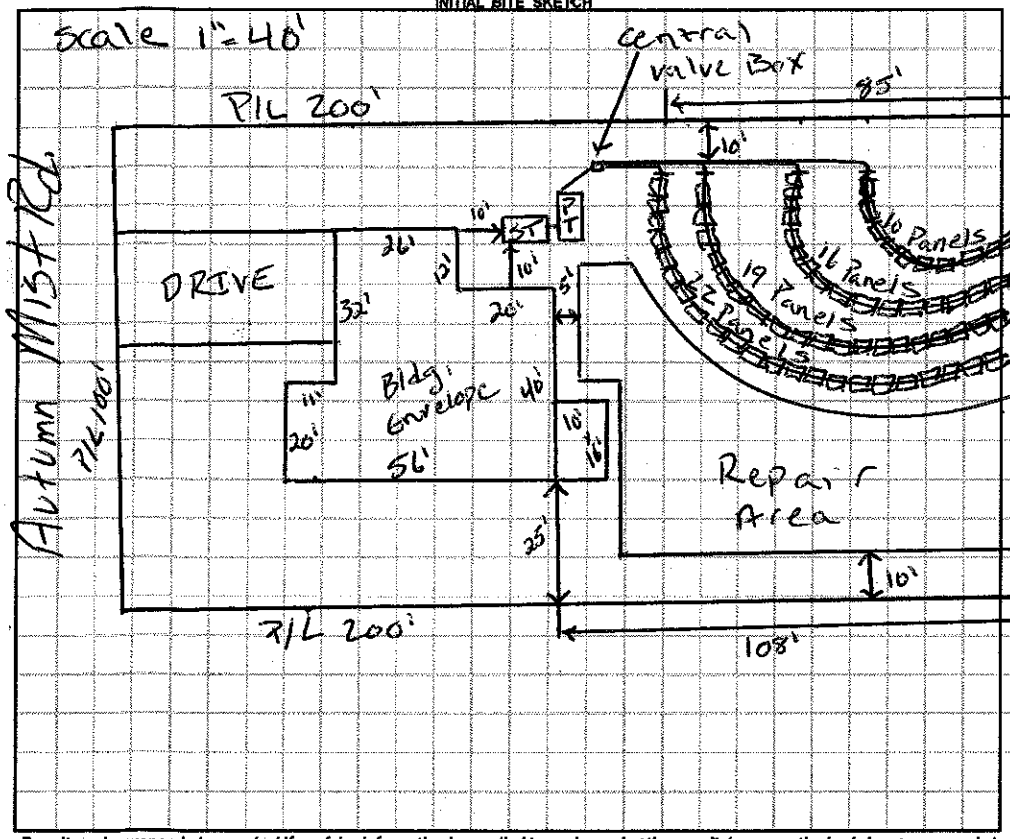
SUBDIVISION: Autumn Brook Dev LLC SECTION? (1m) LOT # 56 LOT AREA: 0.45 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	524-1000	Date	12-28-15	☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT	283-1000	Date	1-11-16	System Description:	Low Pressure PPBPS			
Pump Make	Orenco	Model	PF300511		Serial #		Repair System Description:	Low Pressure PPBPS			
# Nitrification Fields	1	# Lines	4		Linear Ft:	291	Maintenance Agreement Required:	☑ YES	☐ NO		
Trench Width	24"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☐ Private	
☐ Other	No. Employees		☑ Public	
☑ Slab	☐ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install a Low Pressure PPBPS system on contour with parallel distributions. Install trench bottoms @ 36" high side. Refer to attached pump sheets.

INITIAL SITE SKETCH



AS BUILT SKETCH

- 12sd Polylok filter installed
- PPBPS installed
- Installed as drawn

	Date	Initials
Drain Lines Checked	2-19-16	JH
Tanks Checked	2-19-16	JH
Pressure Manifold or Valve Box Checked	3-24-16	JH
Pressure Head Set	3-24-16	JH
Electrical Checked	3-24-16	JH
Floats Set	2-19-16	JH
Alarm Checked	3-24-16	JH
Maintenance Contract Y / N	4-7-16	JH

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: 10-22-15 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 10-19-15 OPERATION PERMIT by: Justin Henderson Date: 4-7-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 10-19-15 Existing System Inspected by: Date:

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