IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217815

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

PIN # 4750-70-9918

APPLICANT: Brian + Tammy Kennedy APPLICANT ADDRESS: 148 Mills Plantation Circle Troutman, NC 28166

SITE ADDRESS: 148 Mills Plantation Circle Troutman NC 28166 PHONE: 704-528-7225 ALT. PHONE:

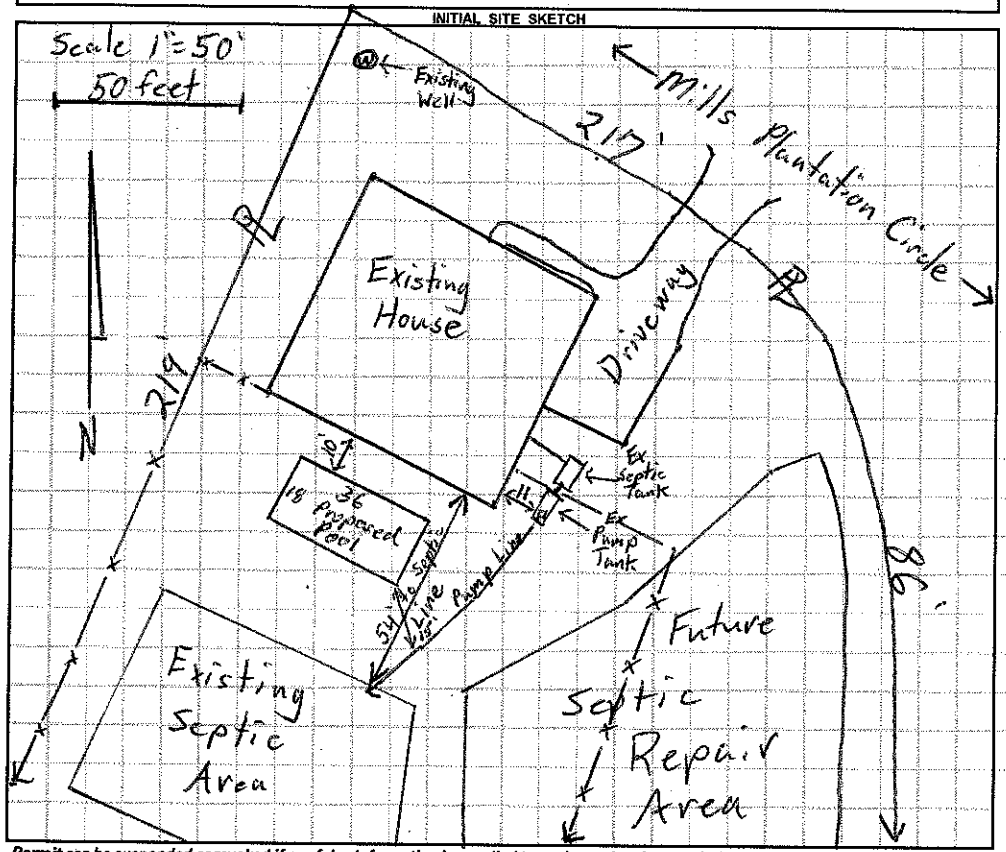
SITE DIRECTIONS: Rt 115 N from Mooresville → Ron Houston Rd → Ron Colonial Congress → Left on Mills Plantation Circle → House on Right

SUBDIVISION: Georgia Mills Plantation SECTION: — LOT # 43 LOT AREA: 0.898 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.25 existing

Septic Tank	1000 (gal)	STB	Ex	Date	Ex	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 Ex (gal)	PT	Ex	Date	Ex	System Description: Existing - PM 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make	Ex	Model	Ex	Serial #	Ex	Repair System Description: Existing - LPPPBPS 50% Reduction		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 Ex	# Lines	5 Ex	Linear Ft:	320' Ex	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36" Ex	Max. Trench Bottom Depth	24" Ex	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: System appeared functional @ time of inspection. Approval is for a 18' x 36' pool. Recommend that the septic tank be pumped every 3-5 years.

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: Brian K. Kennedy Date: 5-5-16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 5-3-2016

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