IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200923

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4751171343

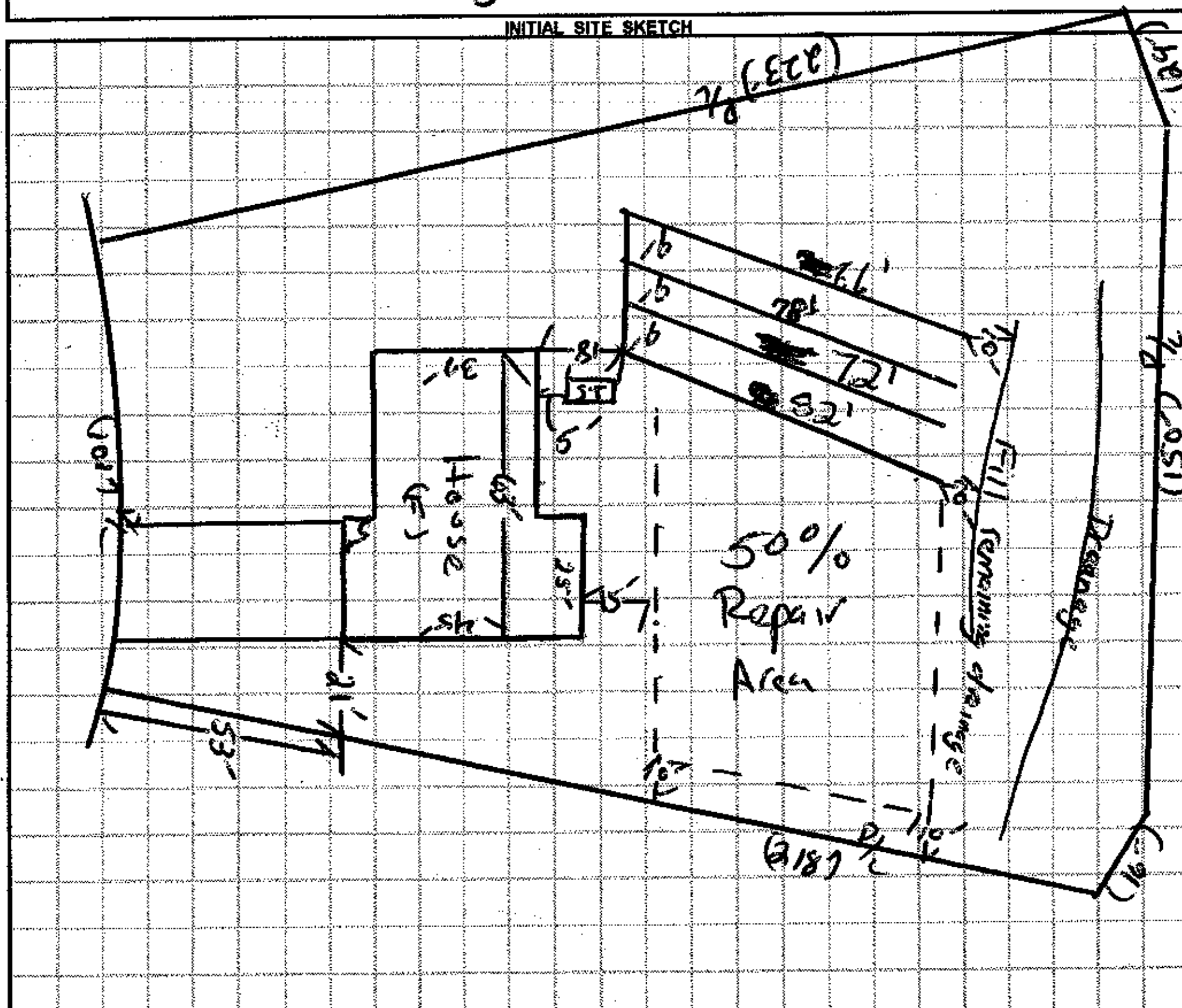
APPLICANT:	Kristin Dubrinski	APPLICANT ADDRESS:	163 Lilac Mist Lp Mooresville NC 28115
SITE ADDRESS:	108 Treeside Ct Troutman NC 28166	PHONE: 704-746-5372	ALT. PHONE: N/A
SITE DIRECTIONS:	115 T/L Oswalt Amity T/L Pikh T/L Peartree T/R Fieldhaven T/R Treeside Ct		
SUBDIVISION:	Kelly Farmstead	SECTION: P352 LOT # 28	LOT AREA: .75 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal)	STB Im 10-60	Date Plastic Infilt.	[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
Pump Tank (gal)	PT	Date	System Description: 25% Reduction
Pump Make	Model	Serial #	Repair System Description: 50% Reduction
# Nitrification Fields 1	# Lines 4	Linear Ft: 300	Maintenance Agreement Required: [ ] YES [X] NO
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE

[X] Residence	No. Bedrooms 3	**Water Supply** [X] Private
[ ] Business	No. Persons 6	[ ] Public
[ ] Other	No. Employees	[ ] Community
[ ] Slab	[ ] Crawl Space	
[X] Basement w/plumbing		[ ] Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution, Maintain 36" TD on high side.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50

(12/28/15)
- UPPER 2 Drainfield lines were installed during rain event.
Remaining 2 Drainfield lines installed on 1/4/16
- Quick 4 Chambers installed
- Red Poly/10k filter installed
- Risers installed to Grade

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature]	Date: 11/20/15	Installed by: Groundbreakers	
IMPROVEMENT PERMIT by: [signature]	Date: 09/29/15	OPERATION PERMIT by: [signature]	Date: 1/4/16
AUTHORIZATION TO CONSTRUCT by: [signature]	Date: 09/29/15	Existing System Inspected by:	Date:

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