ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238898

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

PIN # 4761595703

APPLICANT/OWNER: Adams Homes APPLICANT ADDRESS: 10115 Kincey Ave. Huntersville, NC

SITE ADDRESS: 160 Wylie Trail Statesville, NC PHONE: 704-558-4768 ALT. PHONE ——

SITE DIRECTIONS: 80 N → L on Triplett → L on Ostwalt Amity → R on Bethesda → R on Northlake → L on Mountain Island → R on Wylie → lot on R SAP CONTROLLED ☑ YES ☐ NO

SUBDIVISION: Northlake SECTION: 2 LOT # 27 LOT AREA: .7ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB IM 1060	Date Infiltrator	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank 1000 (gal)	PT IM 1060	Date Infiltrator	System Description: PM PPBPS		☐ Business	No. Persons 6	☐ Private
Pump Make Zoeller	Model	Serial # 10-0705	Repair System Description: LP PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5@40'	Linear Ft 200'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	☑ Community
Trench Width 24"	Trench Bottom Depth(Low side) 33"	Gravel Depth ——	☐ GRAVITY ☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: * Construction drive must be moved to follow permit. * Drive cannot exceed 12' from property line. Do not issue AC until a site visit has been made to confirm the drive is relocated to 12' from property line.

INITIAL SITE SKETCH

See attached site plan by CS + SC, PLLC

AS BUILT SKETCH

Site Visit 2/17/20 - Culvert by road relocated for drive, gravel was removed + new drive was marked.

	Date	Initials
Drain Lines Checked	2-21-20	CCN
Tanks Checked	2/17/20	KW
Pressure Manifold or Valve Box Checked	2-21-20	CCN
Pressure Head Set	2-21-20	CCN
Electrical Checked	3/3/2020	PSB
Floats Set	2-26-20	CCN
Alarm Checked	2-21-20	CCN
Maintenance Contract Y (N) N/A	—	—
Comments: - tanks need risers 2/17/20 KW ✓ - Supply line checked 2.18.20		

- top 2 drain lines checked 2/19/20 KW

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

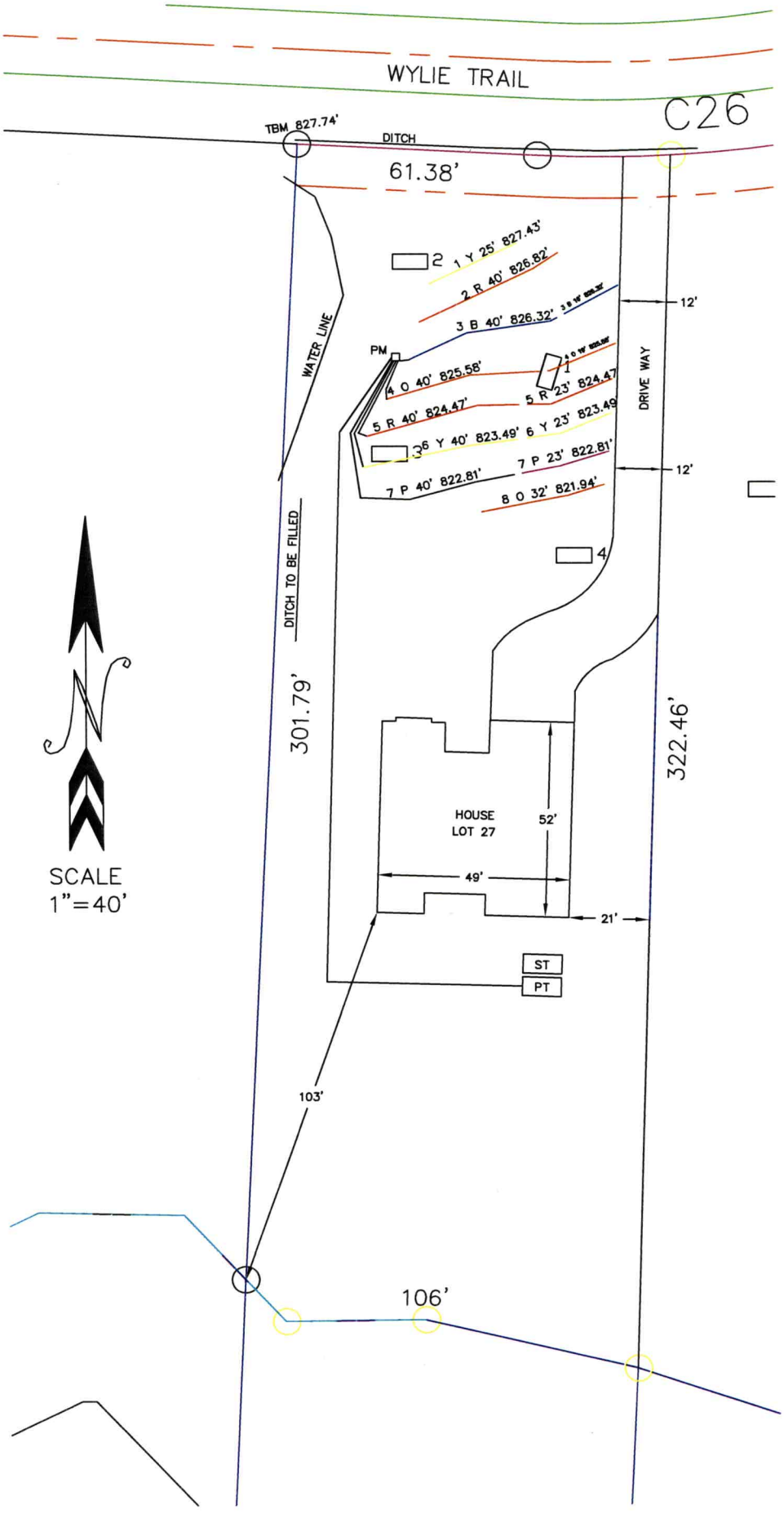
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2/12/20 Installed by: Precision Excavation (Shane)

IMPROVEMENT PERMIT by: Kayla Watson Date: 2-11-20 OPERATION PERMIT by: Patrick J. Boyle III (ad) Date: 3-31-2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 2-17-20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



APPROVED FEB 1 1 2020

KW

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Attached is a proposed design for a PPBPS Septic System with PRESSURE MANIFOLD distribution for a 3 bedroom single family residence on Northlake Lot 27, 160 Wylie Trl, Statesville, Iredell County, North Carolina.

Contents: **Page**

Installer Information---------- 1

Design Information
- Install Specifications---------- 2
- Field Layout Specifications---------- 3
- Pressure Manifold Tapsheet---------- 4

Typical Pressure Manifold Diagram---------- 5

Site Plan/System Plan---------- 6

Dosing Calculations---------- 7

Profile Descriptions---------- 8-9

January 27, 2020
Job Number: 20014
Design By: Adrian L. Pruett LSS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 OF 1
PROP. ID #: 4761595703
COUNTY: IREDELL

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: LAKESIDE VISTA PARTNERS, LLC
ADDRESS: 12621 MCGINNIS LN. HUNTERSVILLE, NC 28078
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: NORTHLAKE LOT 27

APPLICATION DATE: 10/1/2018
DATE EVALUATED: 10/1/2018
PROPERTY SIZE: .7 AC
PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE X PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS/7%	0-19	RC,M,ABK	FR,S,SP,SEXP	NA	54	PS / COMM INC 19-54	68+	0.325
		19-54	RCL,W,ABK	FR,SS,SP,SEXP					
		54-68	SSAP	VFR,NS,NP,SEXP					
2	LS/7%	0-24	RC,M,ABK	FR,S,SP,SEXP	NA	24	PS	68+	0.325
		24-62	SLSAP	FR,SS,SP,SEXP					
3	LS/6%	0-25	RC,M,ABK	FR,S,SP,SEXP	NA	38	PS / COMM INC 25-38	61+	0.3
		25-38	RCL,W,ABK	FR,SS,SP,SEXP					
		38-61	SLSAP	FR,SS,SP,SEXP					
4	LS/7%	0-32	RC,M,ABK	FR,S,SP,SEXP	NA	41	PS / COMM INC 32-41	69+	0.3
		32-41	RCL,W,ABK	FR,SS,SP,SEXP					
		41-69	SLSAP	VFR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	LP PPBPS	LP PPBPS
SITE LTAR	0.3	0.3
COMMENTS		

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: BEN ALDRIDGE

OTHER(S) PRESENT: MICHAEL TUCKER

INSTALLER INFORMATION:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Backfill minimum of 6" of material (County Approved) over panels, rake trench walls, lime side walls, install trenches **24"** wide.
- **System is specified as a PPBPS with PRESSURE MANIFOLD Distribution.**
- **Repair is specified as LOW PRESSURE PPBPS system installation**
- Where Supply Line crosses under the driveway 30" depth must be maintained and it is suggested it is sleeved in larger diameter PVC pipe for ease of repair if need in the future.

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS
NORTHLAKE LOT 27
160 WYLIE TRAIL

Owner:	Adams Homes
Address:	10115 Kincey Ave. #160 Huntersville, NC 28078
Telephone Number:	704-558-4768
Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	200
Total Lateral Length Required:	200
Trench Depth:	33 in.
Trench Width:	24 in.
Trench Bottom Area:	600
Trench Spacing on Center:	8
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	220
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	38.28
Dosing Volume:	162.00
Pump Tank Draw Down:	7.7
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or Equivalent, County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.78
Elevation Head:	30.00
Total Dynamic Head:	43.10
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Ben Aldridge, REHS

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

APPROVED FEB 11 2020
KW

NORTHLAKE LOT 27
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM HOME

January 27, 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					827.74		
INSTR. 1							
HOUSE					806.55		
TANK					803.26		
1	YELLOW				827.43	25	25
2	RED				826.82	40	40
3	***BLUE***				***826.32***	***40***	***40***
3	BLUE				826.32	16	16
4	***ORANGE***				***825.58***	***40***	***40***
4	ORANGE				825.58	19	19
5	***RED***				***824.47***	***40***	***40***
5	RED				824.47	23	23
6	***YELLOW***				***823.49***	***40***	***40***
6	YELLOW				823.49	23	23
7	***PINK***				***822.81***	***40***	***40***
7	PINK				822.81	23	23
8	ORANGE				821.94	32	32
					Total	**401**	**401**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
**** System***	***200***	***ACCEPT.***	***0.300***	***PPBPS***	**PRESSURE MANIFOLD**
Repair	201	ACCEPT.	0.300	PPBPS	LOW PRESSURE

Notes:

** TBM located at front right corner (all elevations are best estimates)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

COMMENTS New septic is located in an area previously permitted by Iredell County (Permit# 238898)
Fill any ditch or gully within 15 of drain field.
Water line for lot 28 is partially located on lot 27. 10' seperation must be maintained.
Driveway must not extend furthur than 12 from property line as shown on site plan.
Iredell Co. has pemission to relocate tanks, supply line or change distribution method as needed

APPROVED FEB 1 1 2020
KW

PRESSURE MANIFOLD TAPSHEET
NORTHLAKE LOT 27

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Line GPD	Line Capacity	# of Panels
3	*BLUE*	*826.32*	*40*	*SCH 80 1/2*	*5.48*	*32*	*32*	*9*
4	*ORANGE*	*825.58*	*40*	*SCH 80 1/2*	*5.48*	*32*	*32*	*9*
5	*RED*	*824.47*	*40*	*SCH 80 1/2*	*5.48*	*32*	*32*	*9*
6	*YELLOW*	*823.49*	*40*	*SCH 80 1/2*	*5.48*	*32*	*32*	*9*
7	*PINK*	*822.81*	*40*	*SCH 80 1/2*	*5.48*	*32*	*32*	*9*
								45
	total	**feet =**	**200**	**gal/min =**	**27.4**			
			Des. Flow	**480**				
			Pump Run=	**5.91**				
			soil LTAR	**0.30**				

APPROVED FEB 1 1 2020
KW

CALCULATIONS

Location NORTHLAKE
Lot No: 27
Address: 160 WYLIE TRAIL

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.3	$^{gpd/ft^2}$
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	220	ft.
Supply Line Volume	38.28	gal.
Required Feet of Line	200	ft.
Amount of Line from Layout	200	ft.
Gallons per Minute	27.4	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	
Number of Panels	45	
Dosing Volume	162.00	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6gal/panel

Tank Draw Down	7.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.91	minutes
Elevation Head	30	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	3.92	ft.
Total Dynamic Head (+20%)	43.10	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

APPROVED FEB 1 1 2020
KW

2-6-2020
$225.00
#238898

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: ADAMS HOME/CS&SC Address: 10115 KINCEY AVE. HUNTERSVILLE, NC Zip: 28078

Applicant Email: _____ Phone: 704-558-4768 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 160 WYLIE TRAIL STATESVILLE, NC

Subdivision Name: NORTHLAKE Section/Phase: _____ Lot Number: 27

Driving Directions: 21 NORTH, TR OSTWALT AMITY, TL BETHESDA, TR NORTHLAKE, TO WYLIE, ON R

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: BA Ellis 1/27/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

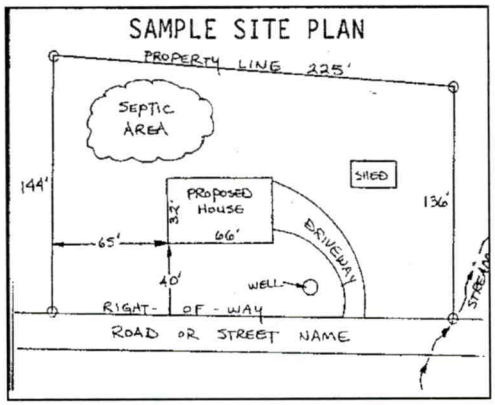
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- ( ) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

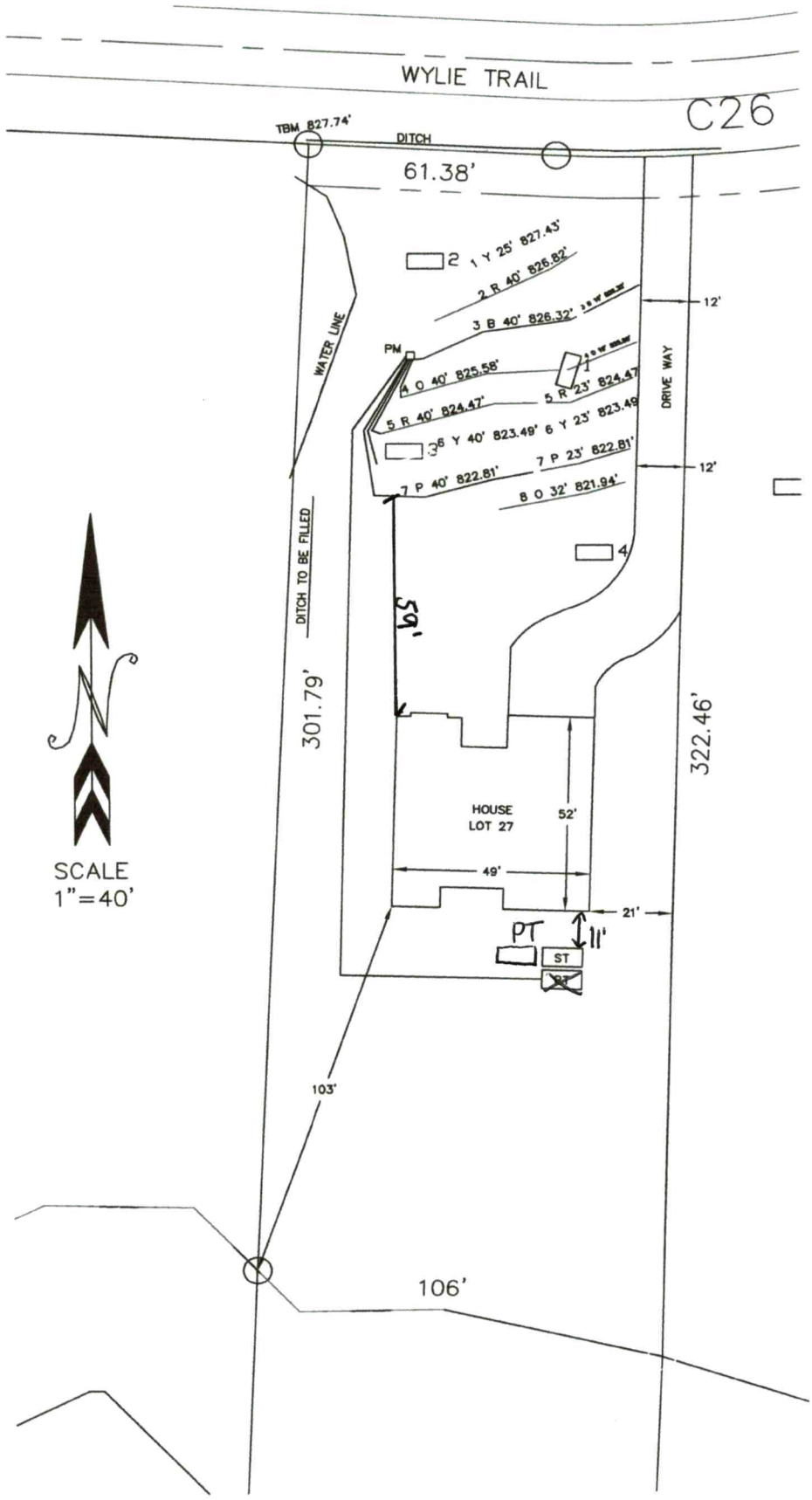
SEE ATTACHED SITE PLAN

Signature: BA Oli

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/27/20

DATE



APPROVED FEB 1 1 2020
KW

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Adams Homes AFC, ~~am~~ the legal owner(s) of the property located at 160 Wylie Trail, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4716-59-5703.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bob Cashion / Adrian Pruett Carolina Soil + Septic Consulting, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

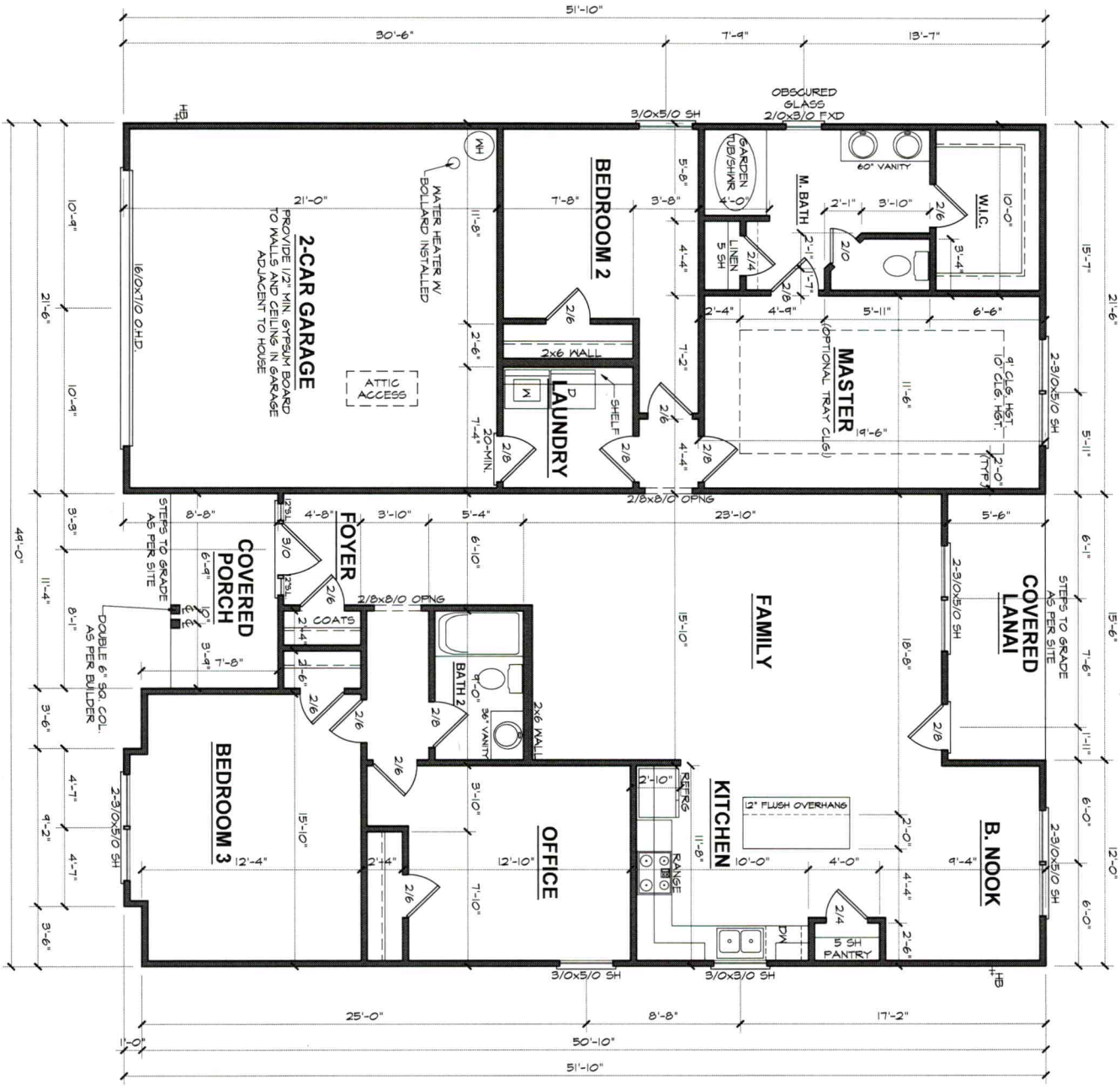
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	1-28-20		1/28/20

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



Acknowledgement Of Plans Submittal ONLY!

Date 5-29-19

Date 6/4/19

FLOOR PLAN

9'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

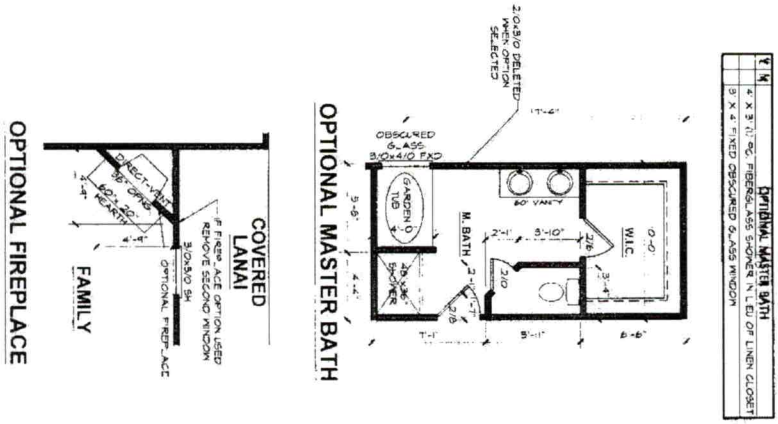
SCALE: 1/4"=1'-0"

1902 "A" FE (L) NR027

ADAMS HOMES AEC, LLC

DATE DRAWN	3-18-2019
PROJECT	3863
REVISIONS	

SHEET 3



FLOOR PLAN OPTION SHEET

opt1

1902 "A" FE (L) NR027

ADAMS HOMES AEC, LLC

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
238898
Issue Date: 09/17/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4761595703.000	160 WYLIE TRAIL	

Owner Information	Applicant Information	Contractor Information
Owner: ABMS DEVELOPMENT LLC	Applicant: CAROLINA SOIL SEPTIC C	Contractor: CAROLINA SOIL SEPTIC C
Address: 1230	Address: 162 WEST B ST	Address: 162 WEST B ST
IREDELL CO, NC 28625	KANNAPOLIS, NC 28081	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791	Phone: 704-202-5791
		License Type: UNLI License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 09/17/2018

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	152831	TOTAL FEES:	$ 350.00