IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2026.45

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

PIN # 4614941662

APPLICANT: Stephen Gilbert APPLICANT ADDRESS: 8668 Arcturus Dr Cincinnati, OH 45249

SITE ADDRESS: 104 Sunstede Mooresville, NC 28117 PHONE: 513 237-8899 ALT. PHONE: 513 489-1102

SITE DIRECTIONS: Brawley School Rd TR Tuskarora Trail TR Sunstede Rd immediately on right

SUBDIVISION: CLAT SECTION: 6 LOT # 265 LOT AREA: .618 Ac DESIGN FLOW: 240gpd L.T.A.R.:

Ex Septic Tank 1000g (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 200ft
Ex Trench Width 1½ft Bed Max. Trench Bottom Depth Gravel Depth

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Exist Gravity Conventional
Repair System Description: Modified
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

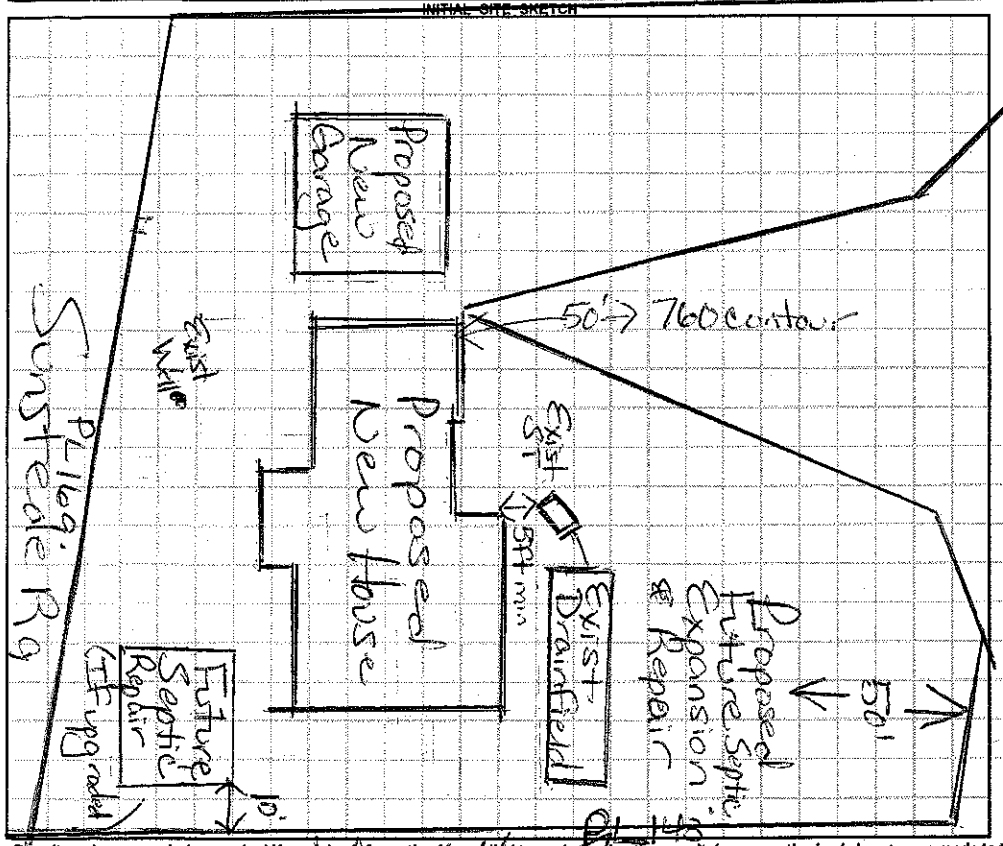
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing ☐ Crawl Space ☐ Basement w/o plumbing
No. Bedrooms 2 No. Persons 4 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Existing Septic System "appears" to be functioning okay at time of inspection.

*Must keep House & any future Buildings at least 5Ft from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:40

Lake Norman

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: Stephen Gilbert Date: 1/20/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson RS Date: 7/3/14

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20264

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

PIN # 4614940662

APPLICANT: Stephen Gilbert APPLICANT ADDRESS: 8668 Arcturus Dr Cincinnati, OH 45249

SITE ADDRESS: 104 Sunstede Mooresville NC 28117 PHONE: 513 237-8899 ALT. PHONE: 513 489-1102

SITE DIRECTIONS: Brawley School Rd TR Tuskarora Trail TR Sunstede Rd immediately on right

SUBDIVISION: CLAT SECTION: 6 LOT # 265 LOT AREA: DESIGN FLOW: 240gpd L.T.A.R.:

Ex Septic Tank 1000g (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 200ft
Ex Trench Width 1½ft Bed Max. Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity Conventional
Repair System Description: Modified
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

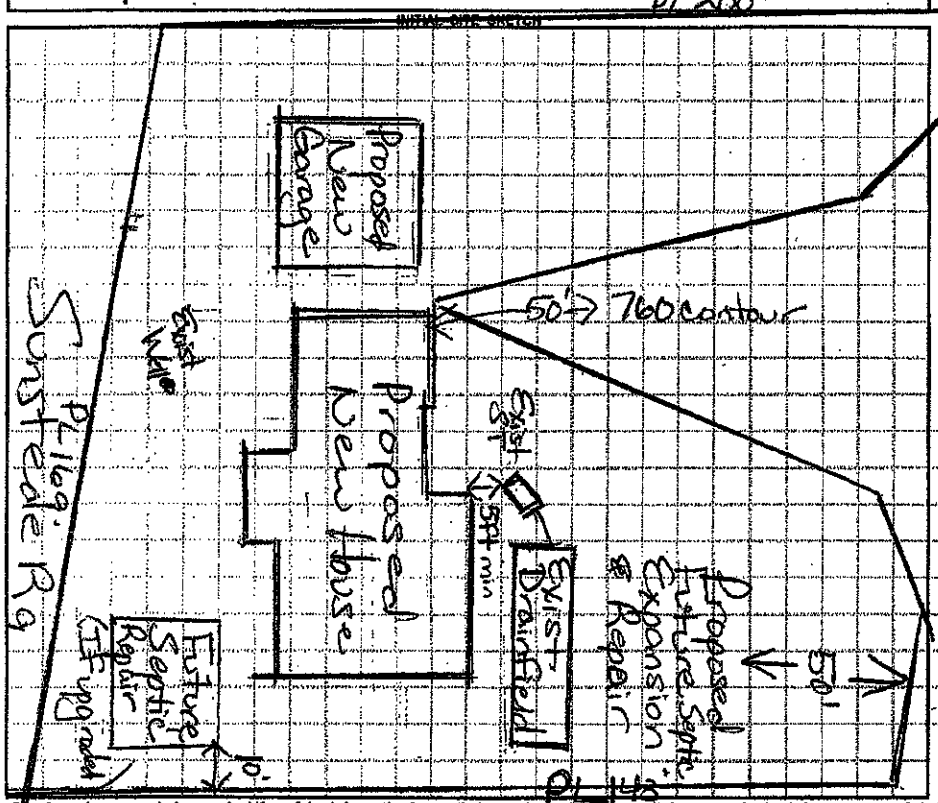
☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbi

Water Supply: ☒ Private ☐ Public ☐ Communit

Comments / Conditions: Existing Septic System "appears" to be functioning Okay at time of inspection.

*Must keep House & any future Buildin at least 5ft from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:40

Lake Norman

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 EXCAV

☐ 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 6

Owner / Applicant Signature: Stephen Gilbert Date: Sep 8 2014 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson RS Date: 7/3/14

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