IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214855

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

PIN # 4624-06-7118 ✓

APPLICANT: Steve Waters APPLICANT ADDRESS: 236 Tuskarora Trail Mooresville, NC

SITE ADDRESS: 236 Tuskarora Trail Mooresville, NC PHONE: 704-746-4531 ALT. PHONE:

SITE DIRECTIONS: BSR toward Lake Norman → Turn Right onto Tuskarora Trail → House on Right.

SUBDIVISION: Balmoral Park SECTION: X LOT # 4 LOT AREA: 0.699 acres DESIGN FLOW: 360 gal/day L.T.A.R.: 0.25 (existing)

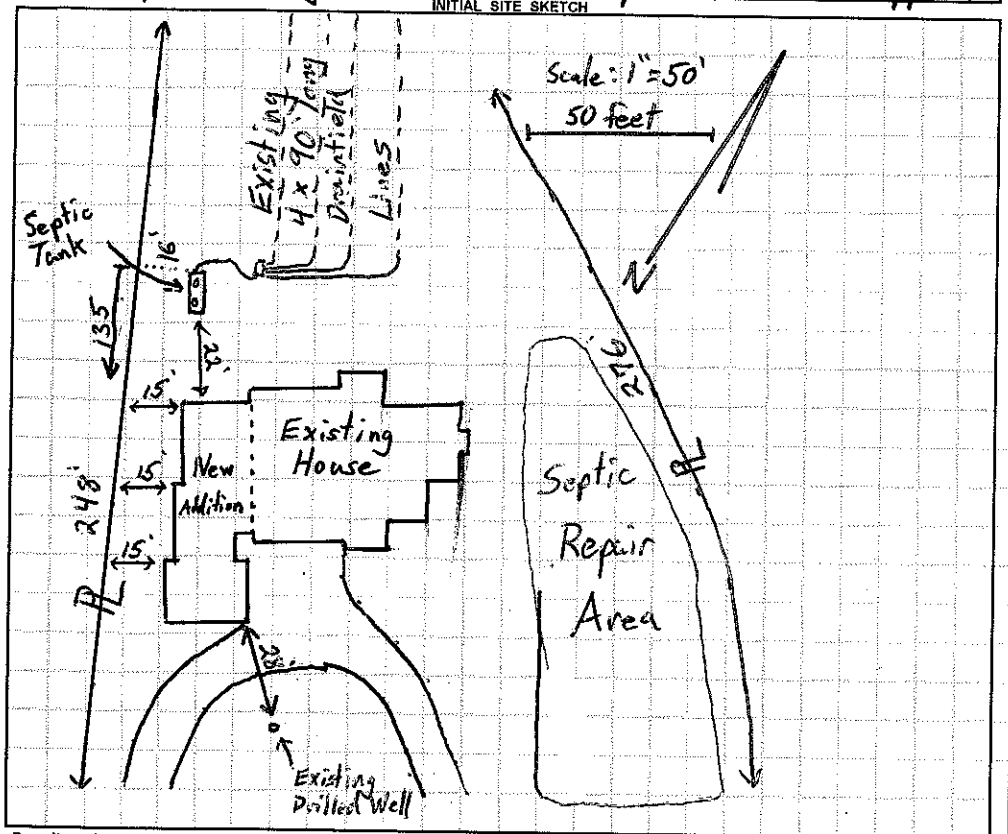
Septic Tank	1000 (existing) (gal)	STB	312	Date	10-7-07	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description: 25% Reduction (existing)		☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description: 50% Reduction (existing)		☐ Other	No. Employees —
# Nitrification Fields	1 Existing	# Lines	4 Existing	Linear Ft:	360	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☒ Crawl Space ~~Addition~~
Trench Width	36" Existing	Max. Trench Bottom Depth	36 Existing	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend removing shed from septic tank area + relocating from sewage disposal system area. New addition must match the plat plans by Encore Building Group (dated 12-16-15) on file at the Health Department. Any deviation from those plans voids this approval.

Recommend pumping septic tank 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**

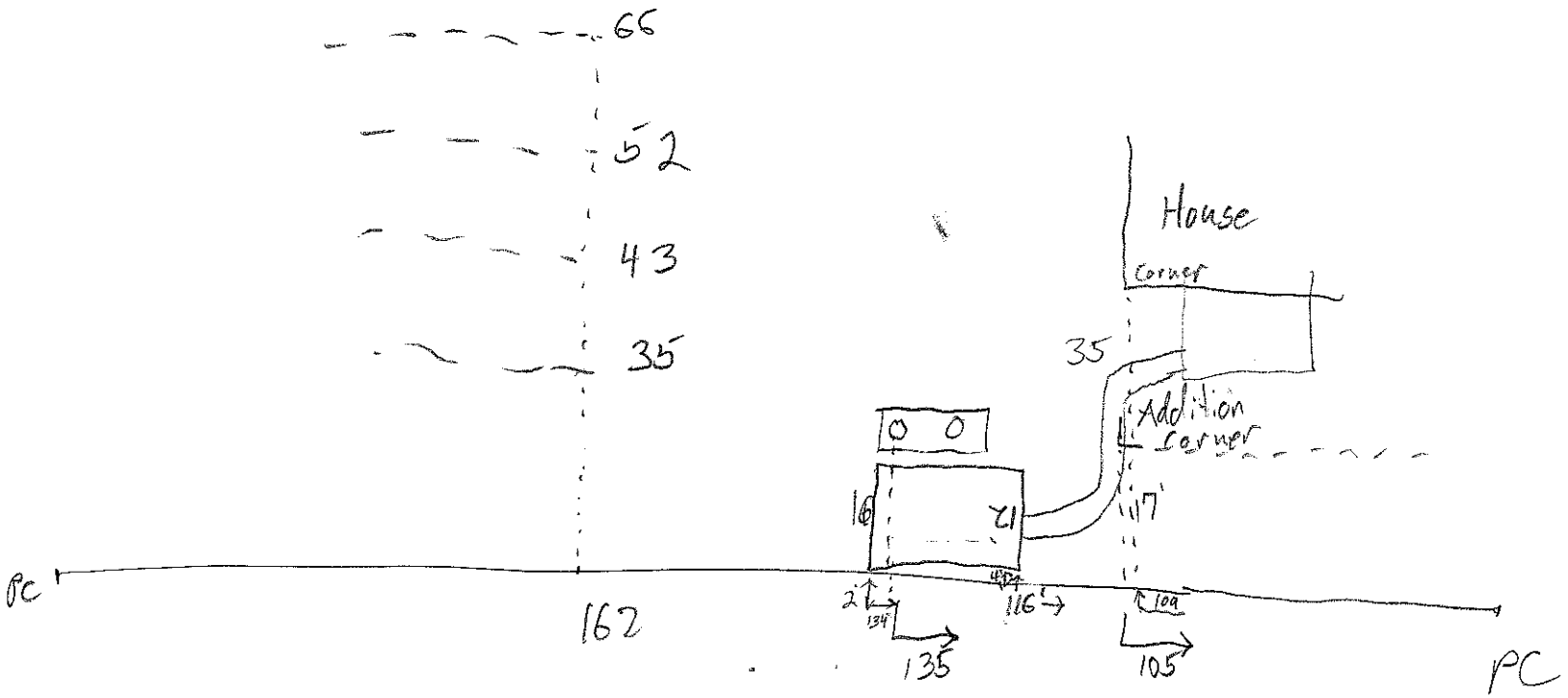
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3-28-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 12-21-15

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


66
52
43
35
House
Corner
35
Addition
Corner
16
21
117
RC
2
134
116
109
162
135
105
PC