IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 204086

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

PIN # 4624-19-0107.000

APPLICANT: Judy M. Murphy | APPLICANT ADDRESS: 8471 Highland Glen Dr. Charlotte NC 28269

SITE ADDRESS: 676 StoneMarker Dr. Mooresville NC 28117 | PHONE: 704-968-7510 | ALT. PHONE: 704-992-6609

SITE DIRECTIONS: 85, R StoneMarker, Site on R

SUBDIVISION: CL;T | SECTION: 6 | LOT # 173 | LOT AREA: .850 Acre | DESIGN FLOW: 360 GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	7-17-15		
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	3	Linear Ft:	300'		
Trench Width	36"	Max. Trench Bottom Depth	* 34"-36"	*Gravel Depth	N/A		

☒ New System ☐ Repair ☐ Expansion System Type: I II ◯III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: LP-PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Basement w/o plumbing

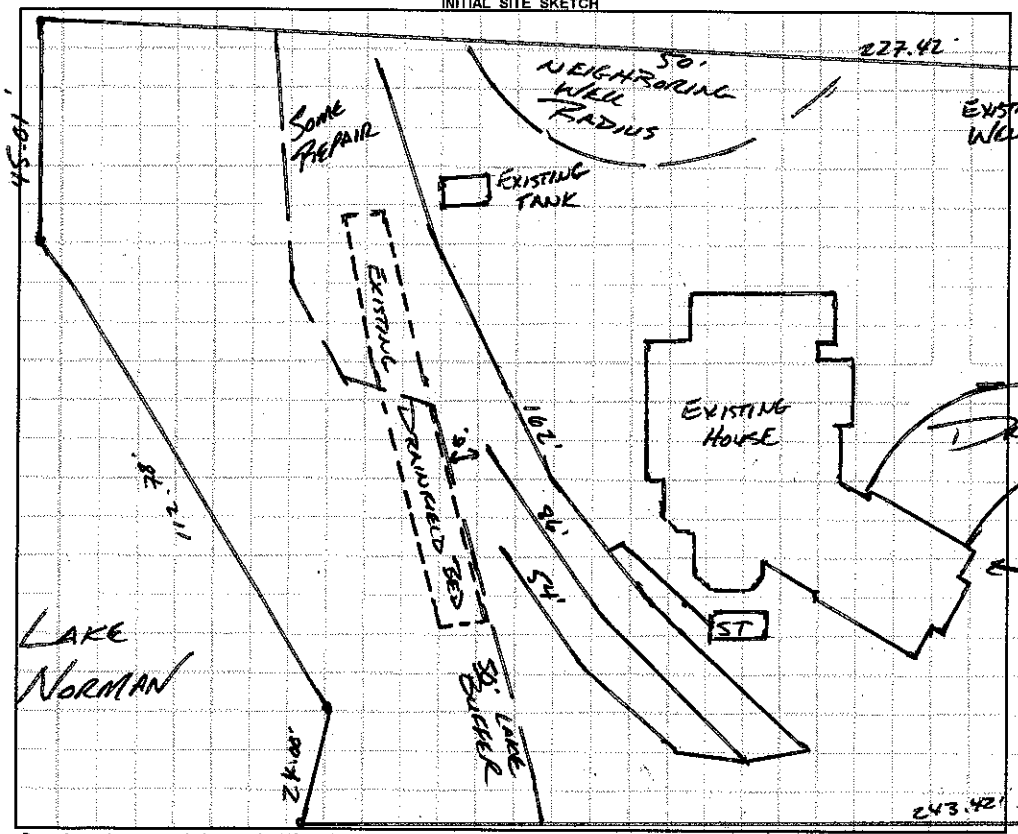
No. Bedrooms 3 | No. Persons 6 | No. Employees | ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Crush & Fill Existing Septic Tank. If Possible, Split First Line With Distribution To Make Line Length No Greater Than 100'. Install @ 34"-36" Trench Bottom For .3 LTAR.

Lines Can Be 5' From Property Line.

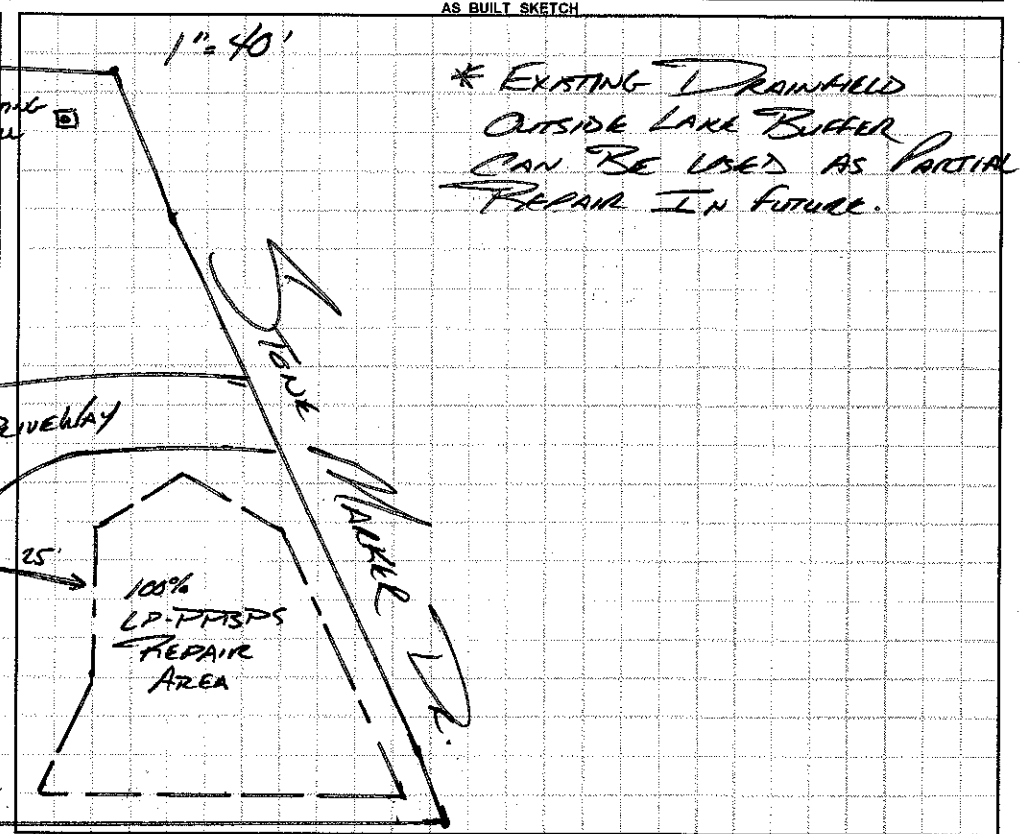
INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'

* Existing Drainfield Outside Lake Buffer Can Be Used As Partial Repair In Future.



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: 9-23-15

IMPROVEMENT PERMIT by: [signature] Date: 9/22/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/22/15

Installed by: Steve Jordan

OPERATION PERMIT by: [signature] Date: 9-24-15

Existing System Inspected by: Date:

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