IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203967

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

PIN # 4624376154

APPLICANT: Sherry Garner APPLICANT ADDRESS: 139 Gainswood Mooresville, NC

SITE ADDRESS: 139 Gainswood Dr Mooresville, NC PHONE: 704906-9516 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TL Gainswood on left ~1/2 way down

SUBDIVISION: N/A SECTION: 6 LOT # 512 LOT AREA: DESIGN FLOW: 360gpd L.T.A.R.:

Septic Tank Exist/1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 2 # Lines 3 Linear Ft: 300
Trench Width 1½' Bed+2' Max. Trench Bottom Depth Gravel Depth 17"

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

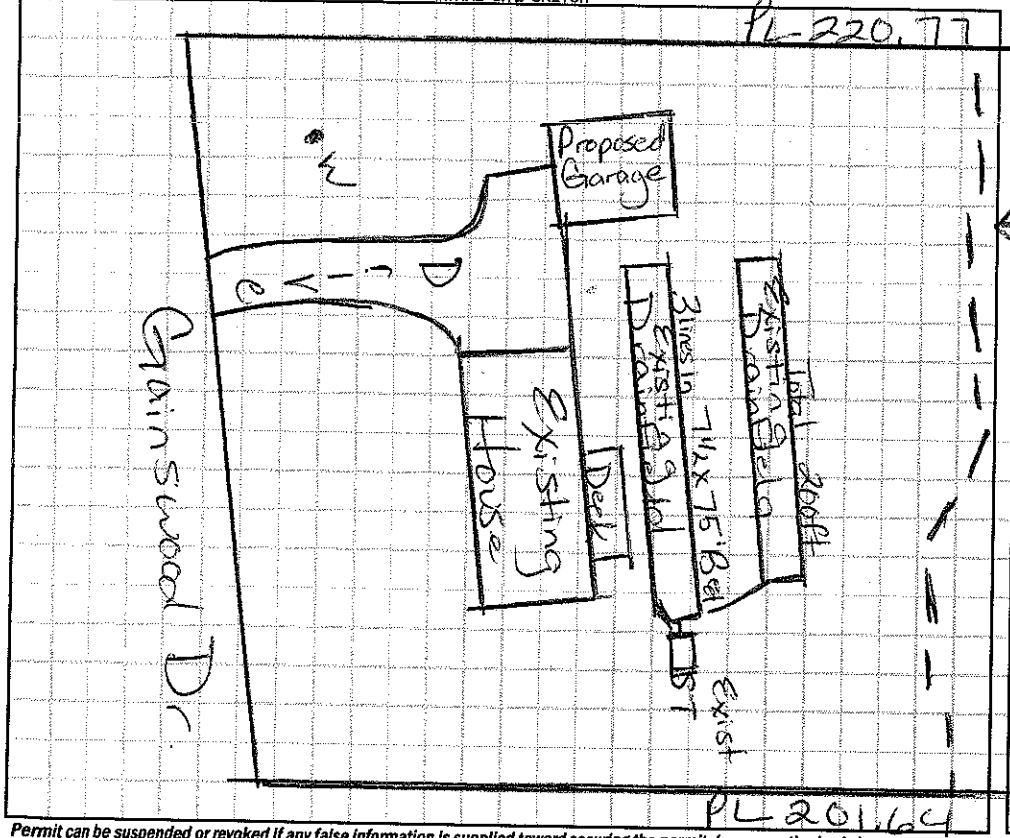
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing

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

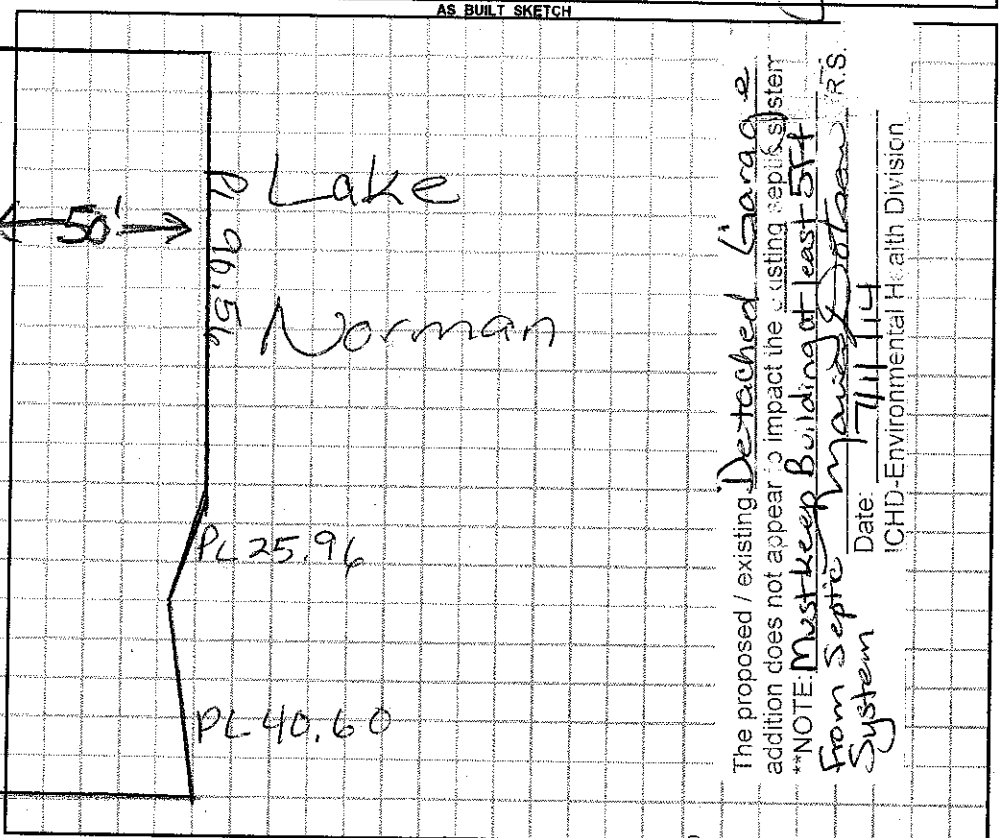
Comments / Conditions: Existing Septic "appears" to be functioning ok.

☒ Any wastewater plumbing from Detached Garage must be discharged into Existing Septic tank(ST) per NC Plumbing Code

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing addition does not appear to impact the existing septic system
**NOTE: Must keep Building at least 5FT from Septic System

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: Sherry Garner Date: 7/1/14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 7/1/14

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