IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2034

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+20 Max. Trench Bottom Depth Gravel Depth 17"

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

System Description: Existing 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

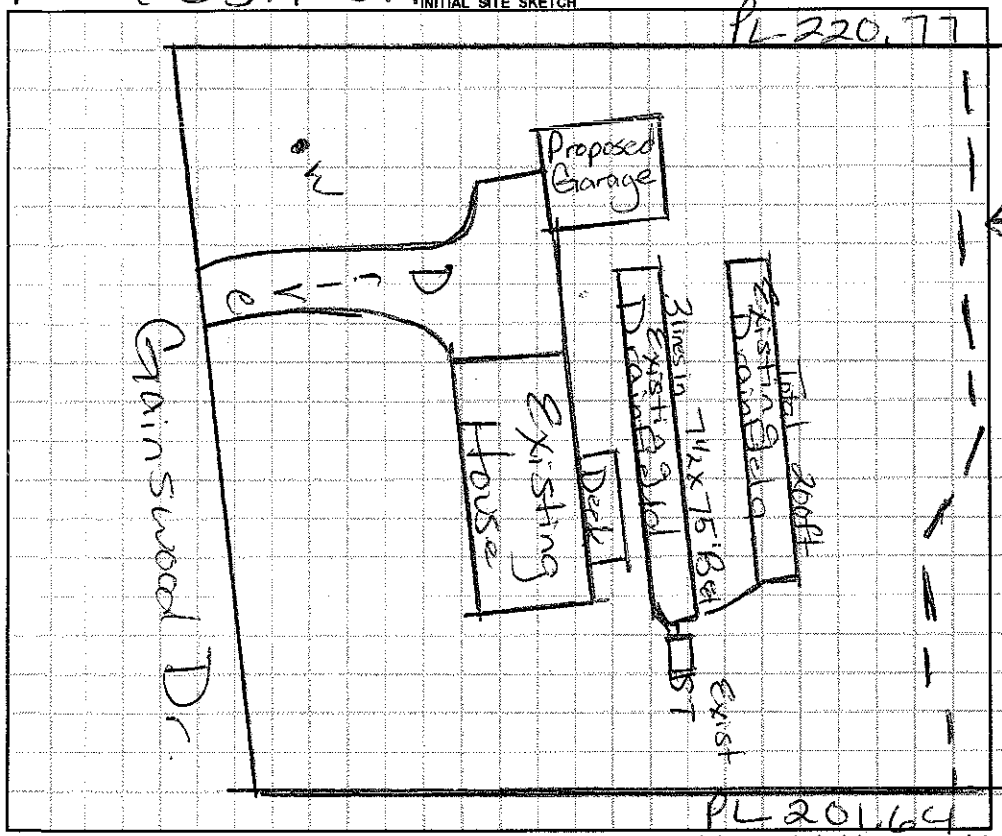
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

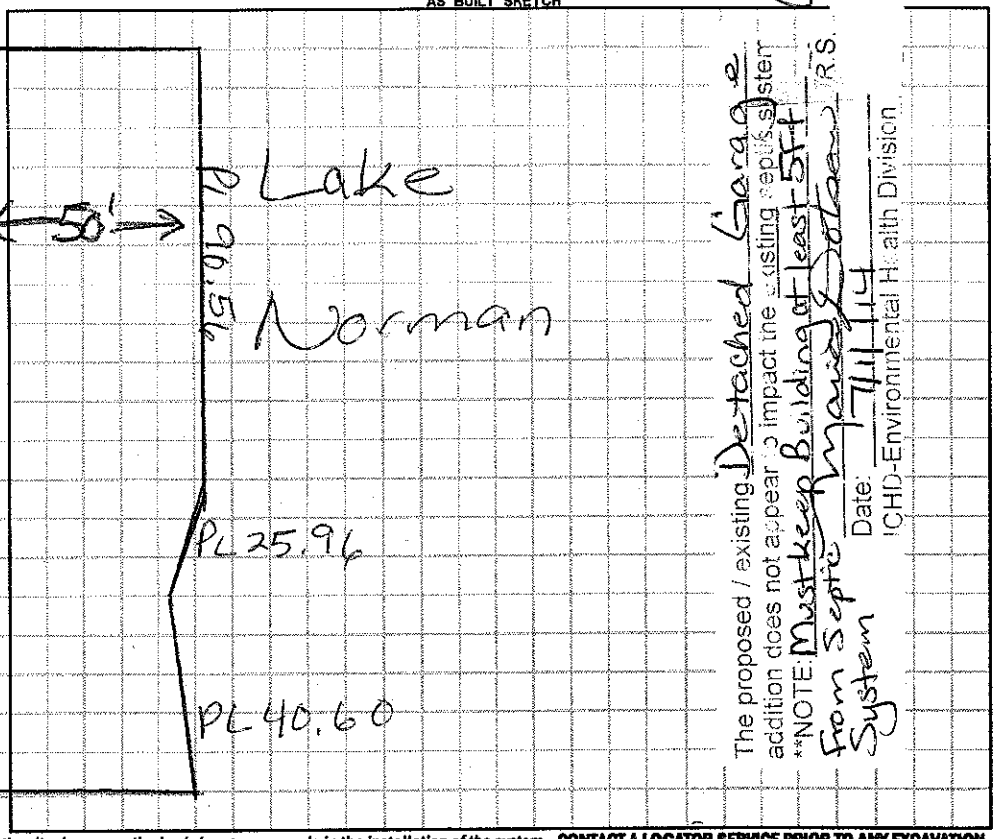
Comments / Conditions: Existing Septic "appears" to be functioning ok. Uppermost Drainfield 110' off front PL & 35' off back of house.

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

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: 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