IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208196

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

PIN # 4625080936

APPLICANT: Whitley Construction APPLICANT ADDRESS: 127 Hunters Point Ln

SITE ADDRESS: 126 Rollingwood Ln Mooresville, NC PHONE: 7046589251 ALT. PHONE: 704 607-2966

SITE DIRECTIONS: Brawley School Rd TR Chuckwood TL Barber Lp TL Arborway straight on gravel road 3rd on right

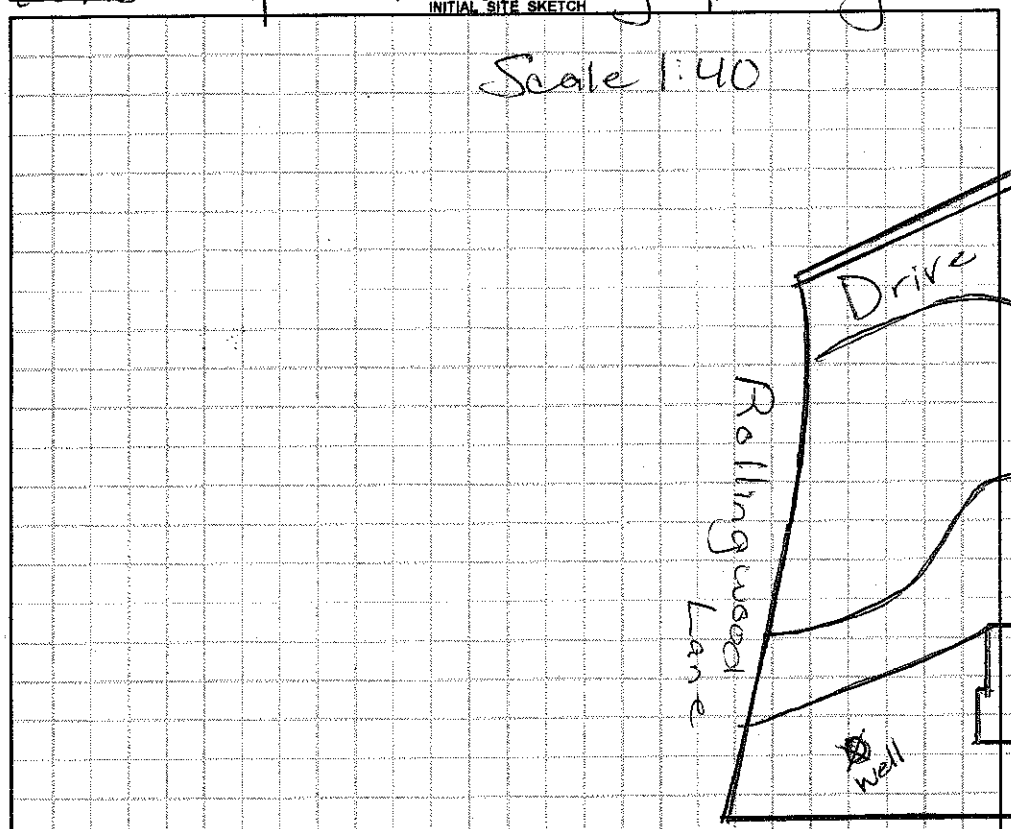
SUBDIVISION: Cla TV SECTION: 7 LOT # 124 LOT AREA: .760 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Existing

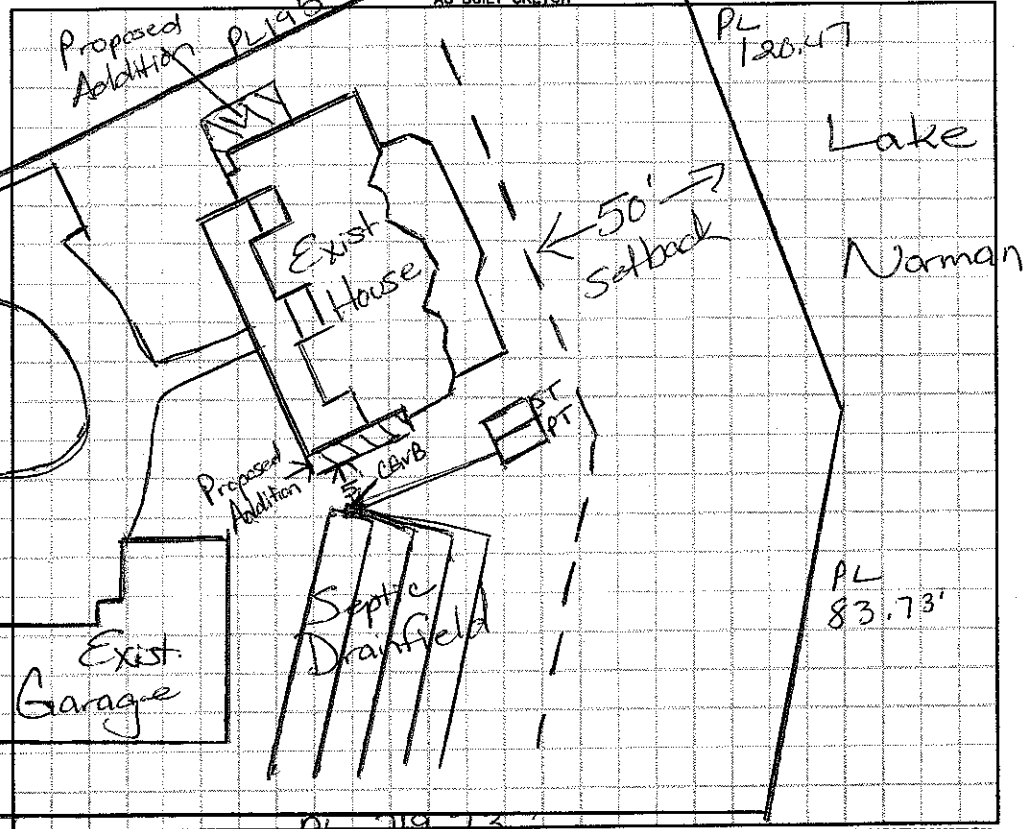
Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI		☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description: Existing Pump-LP- PPBPS		☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description: lot recorded prior to 1983		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 267'	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Max. Trench Bottom Depth		Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Existing Septic System "appears" to be functioning ok at time of inspection. The proposed additions don't impact the existing septic system

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: _____ Date: 3/24/15 Installed by: on 3/2/05 Curt Dunning

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Maria Dotson RS Date: 3/5/15

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