IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21537

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

PIN # 4625-39-5940.000

APPLICANT: Castle Rock Contracting APPLICANT ADDRESS: 148 Fallen Acres Dr. Troutman NC

SITE ADDRESS: 348 Bay Harbour Rd Mooresville NC 28117 PHONE: 704-929-8448 ALT. PHONE:

SITE DIRECTIONS: 85R, TR Bay Harbour, 5th on R

SUBDIVISION: The Harbour SECTION: 6 LOT # 2 LOT AREA: .570 Acre DESIGN FLOW: Ex. 600 GPD L.T.A.R.: Existing

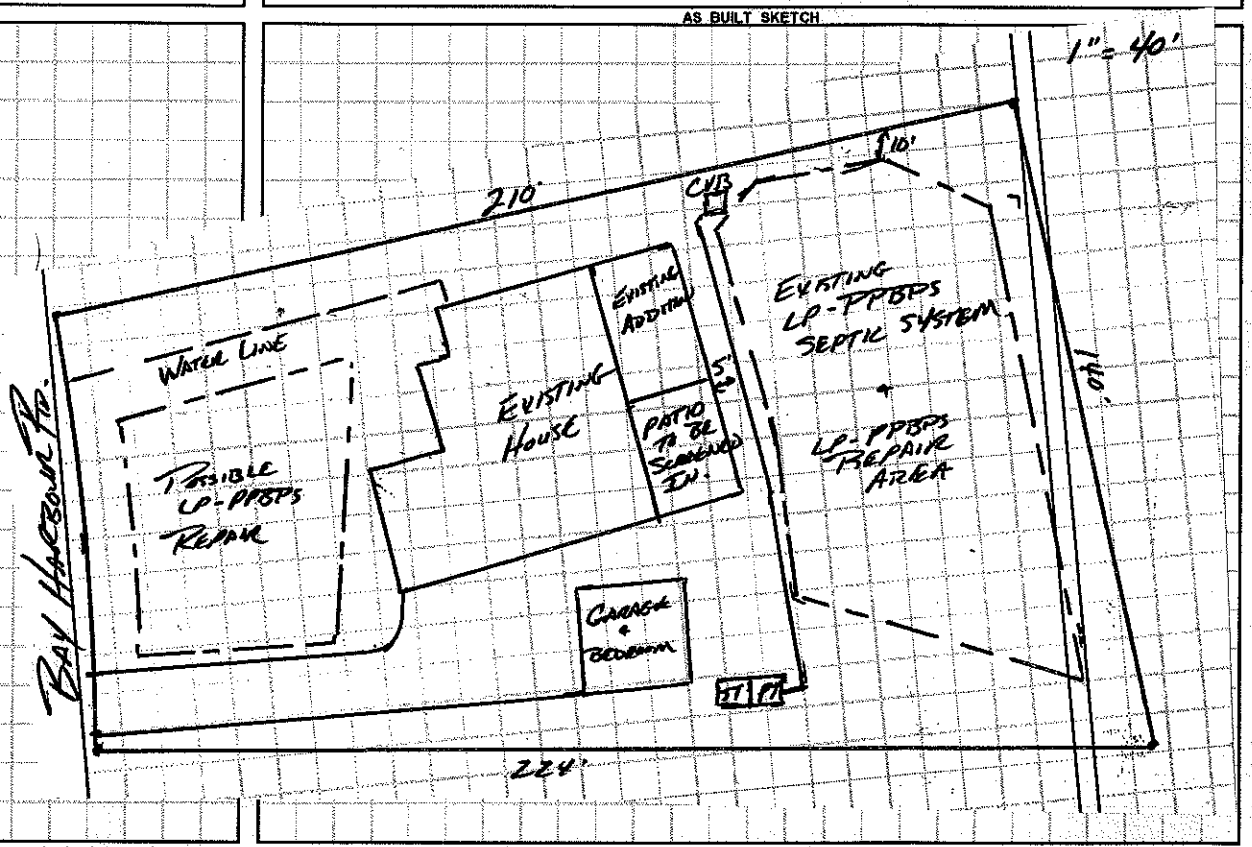
Septic Tank	Existing (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms Ex 5
Pump Tank	Existing (gal)	PT		Date		System Description: Existing LP-PPBPS		☐ Business	No. Persons Ex 10
Pump Make	Existing	Model		Serial #		Repair System Description: LP-PPBPS		☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: This Permit is for Adding A Roof And Screen over Existing Patio. System Assessed To Be Functioning @ Time of Inspection.

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: 9/16/15 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ APPROVED SEP 11 2015

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