Upgrade to 4 Bedrooms 2.0

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4625596328

APPLICANT: Bruce Dumonceau APPLICANT ADDRESS: 105 Sunrise Circle

SITE ADDRESS: 105 Sunrise Circle Mooresville, NC 28117 PHONE: 7046449767 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR Bay Harbor Tr Lake Mist on right @ Sunrise Circle

SUBDIVISION: The Harbour SECTION: I LOT # 23 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .3

Existing

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines Add 1 Linear Ft: 100

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: Gravity - 35% Reduction

Repair System Description: Pump Up-Pump Block

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

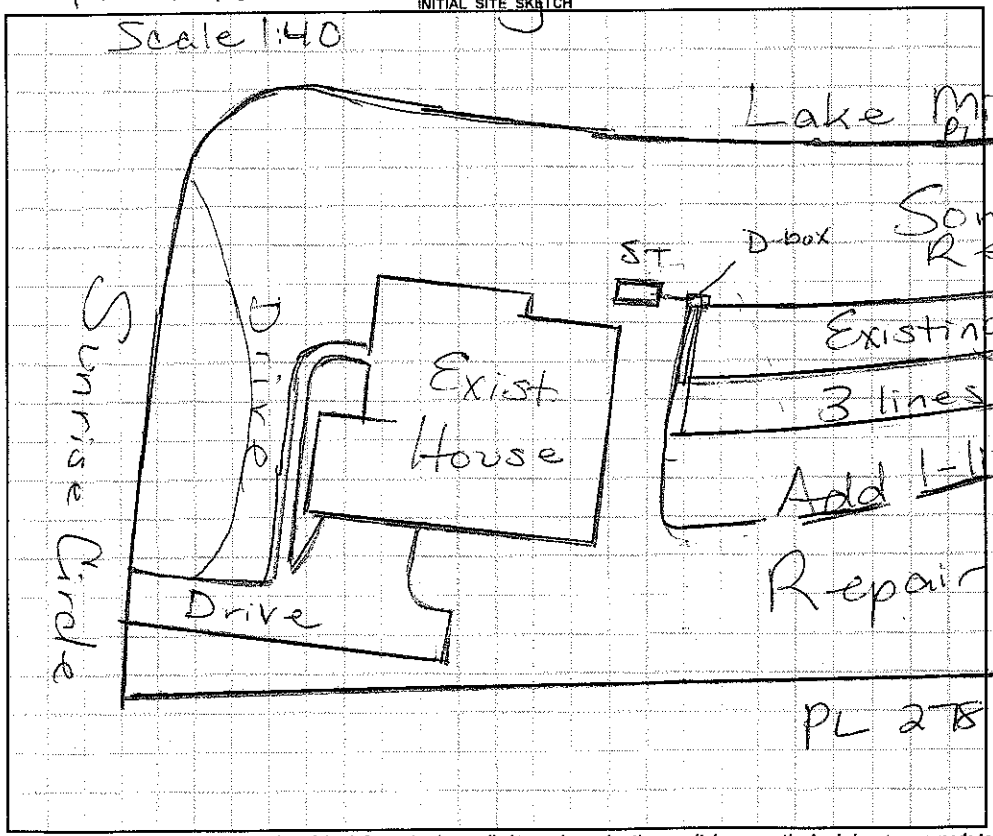
Comments / Conditions: Adding 1 - Drainline @ 100ft to Upgrade to 4 Bedrooms

★ Remove Water line/gutter drain? That is crossing over drainfield.

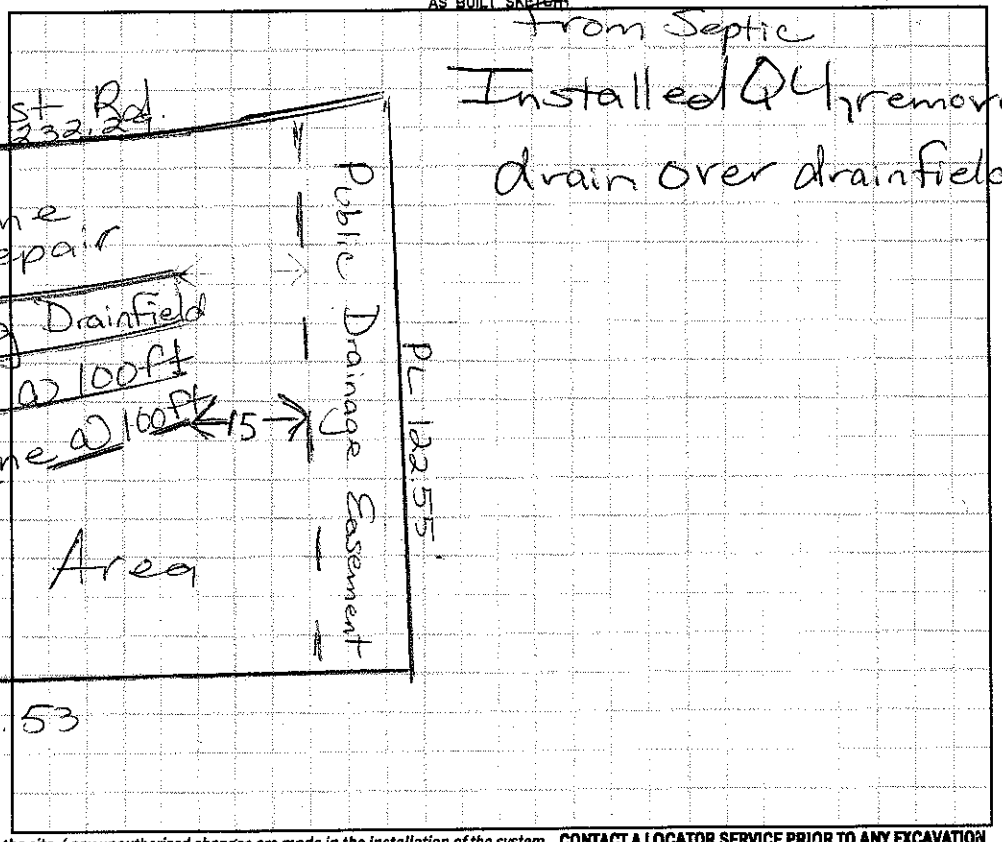
★ Direct Storm/Surface Water away from Septic System. Must keep Septic Drainfield 15ft (Sitegradient) from Storm drain. Water lines must be 10ft from Septic

Installed Q4, remove drain over drainfield.

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: 6/13/13 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria H. Dotson RS Date: 6/13/13 OPERATION PERMIT by: Maria H. Dotson RS Date: 6/21/13

AUTHORIZATION TO CONSTRUCT by: Maria H. Dotson RS Date: 6/13/13 Existing System Inspected by: _____ Date: _____

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