IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 — [redacted] 3625

PERMIT # 205272

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

PIN # 4624063516

APPLICANT: Rathea & David Page — APPLICANT ADDRESS: 686 McKendree Mooresville, NC 28117

SITE ADDRESS: 686 McKendree Rd - Mrsvl. — PHONE: — ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR McKendree on right just past 2nd Lakeview Shores Lp.

SUBDIVISION: C&T — SECTION: 8 — LOT # 212 — LOT AREA: ~1.04Ac — DESIGN FLOW: 480 gpd — L.T.A.R.: .3

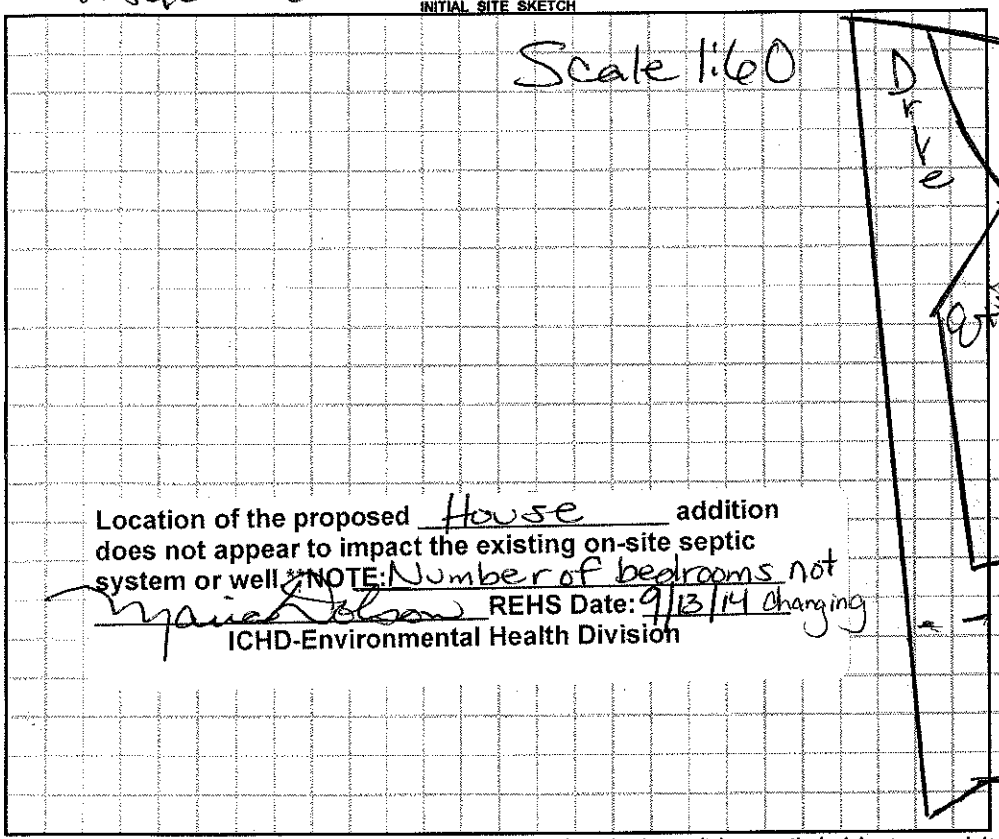
EXIST

Septic Tank	1000 (gal)	STB	794	Date	9/8/01	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	27	Date	9/8/01	System Description: Existing L & Panel Block		☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description: Needed prior to 1983		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	267'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☐ Crawl Space		☐ Community
EXIST Trench Width		Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

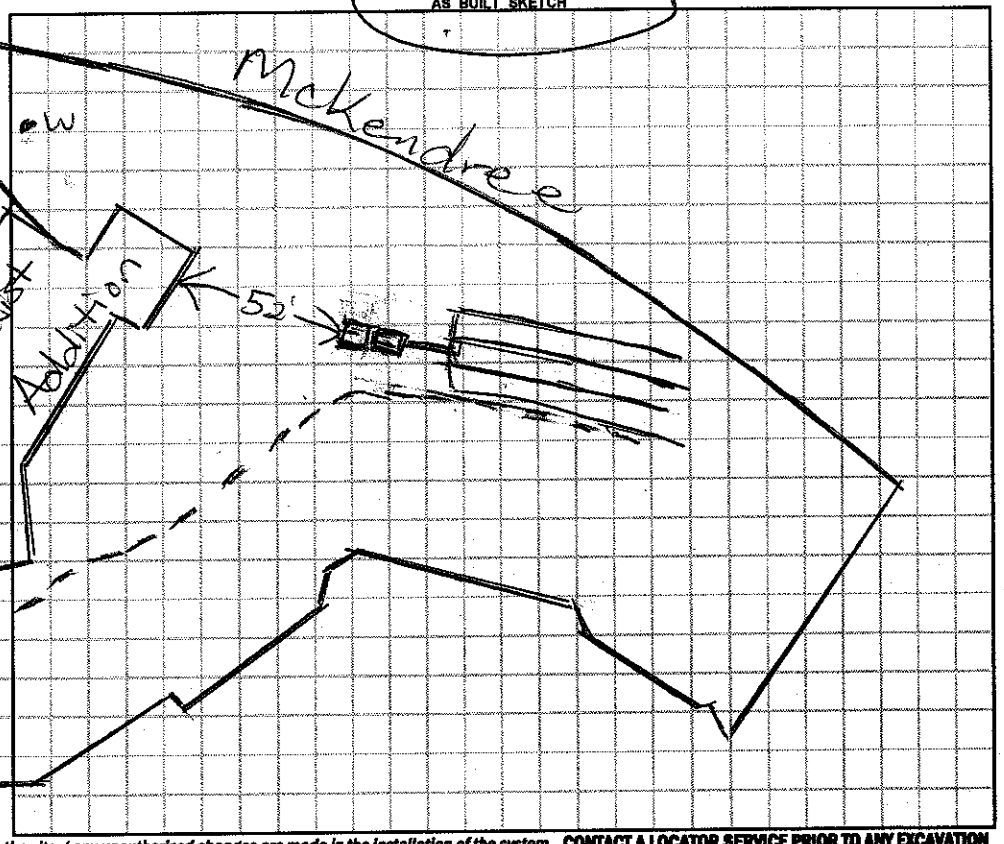
Comments / Conditions: Existing septic system appears to be functioning ok at time of inspection. ☆ Current contract attached

Proposed addition does not appear to 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: [signature] Date: 8/30/16 — Installed by: C.W Orbison Grading

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ — Existing System Inspected by: Maria Dobson Date: 8/30/16

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