IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # DAP 207305

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

PIN # 4626-20-1059.000

APPLICANT: RON CARROLL APPLICANT ADDRESS: P.O. BOX 4097 MOORESVILLE NC, 28117

SITE ADDRESS: N 165 SHIPYARD POINTE CT. MOORESVILLE NC PHONE: 704-658-1404 ALT. PHONE: 704-400-1235

SITE DIRECTIONS: BSR, TR BAY HARBOUR DR. TR SHIPYARD POINTE, DRIVE ON L

SUBDIVISION: THE HARBOUR SECTION: 6 LOT # 27 LOT AREA: 31,860 SQ FT. DESIGN FLOW: 360 GPD L.T.A.R.: EXISTING (.3)

Septic Tank EXISTING 1000(gal) STB Date
Pump Tank EXISTING 1000 (gal) PT Date
Pump Make EXISTING Model Serial #
Nitrification Fields 1 EX. # Lines EXISTING 6@50' Linear Ft: EX. 300'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

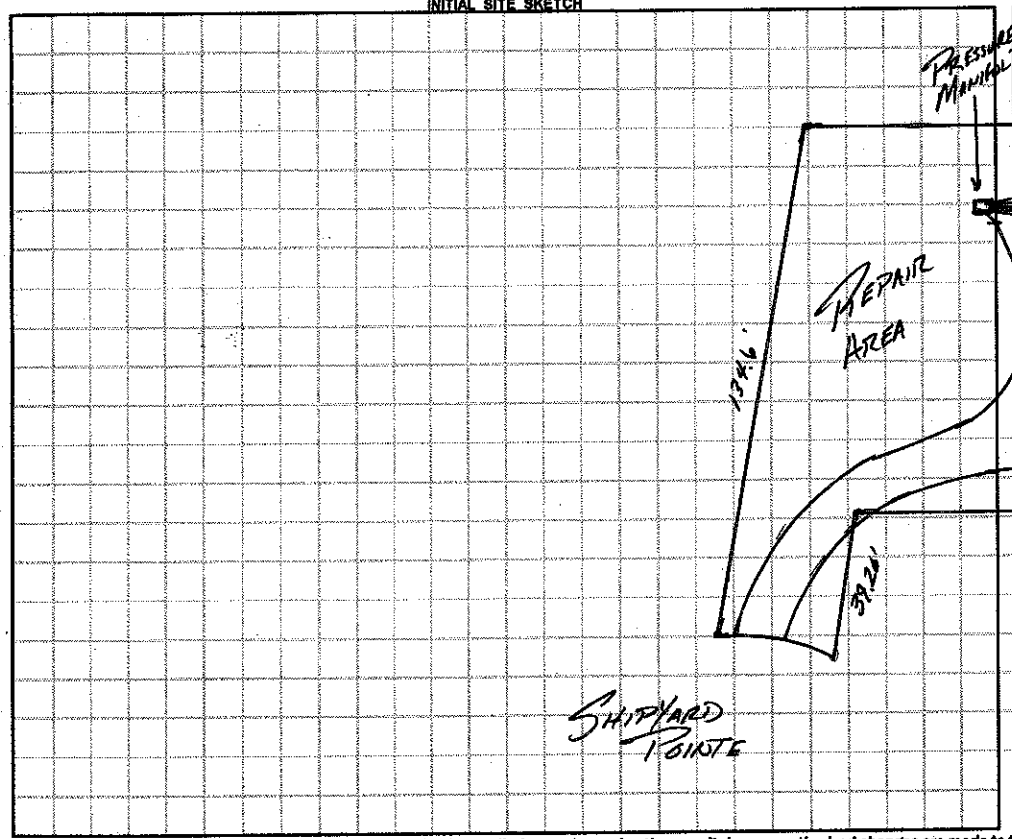
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: EXISTING 25% REDUCTION - PUMP (EF FLOW)
Repair System Description: LPP BRPS
Maintenance Agreement Required: ☐ YES ☑ NO INITIALLY
☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

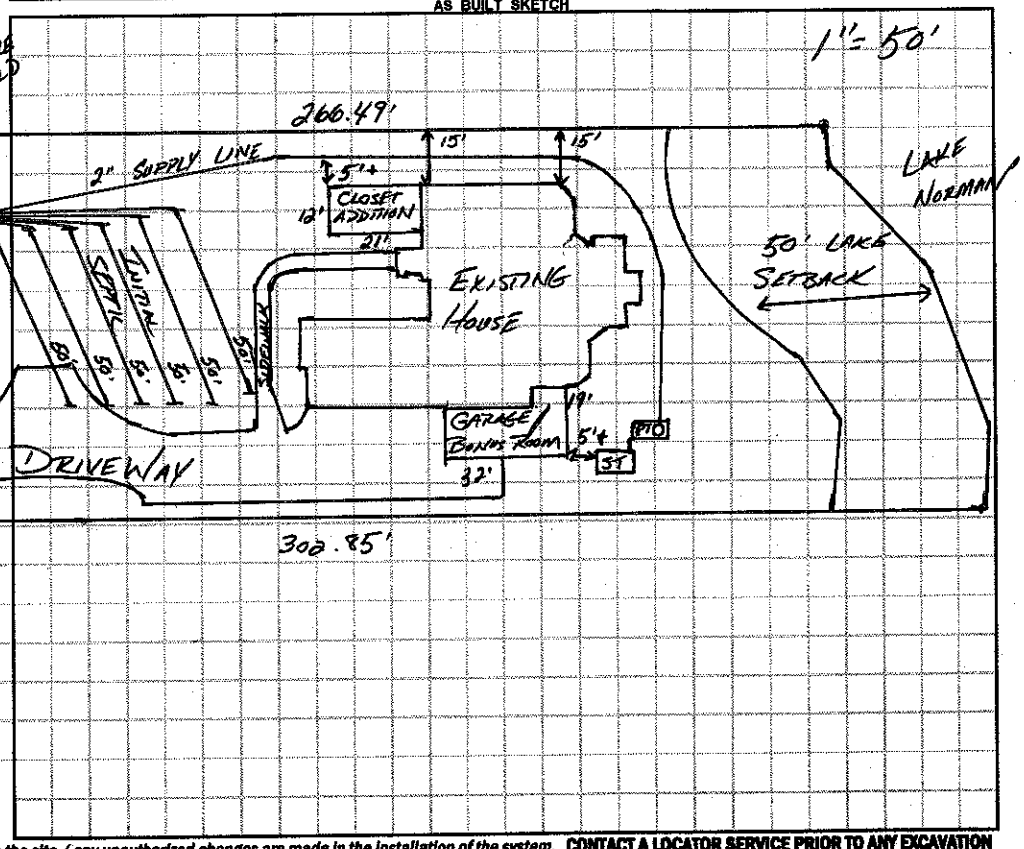
Water Supply
☐ Private
☐ Public
☑ Community

Comments / Conditions: MAINTAIN 5' SEPERATION OR MORE FROM SEPTIC SYSTEM AND COMPONENTS WITH CLOSET AND GARAGE/BONUS ROOM ADDITION. SUPPLY LINE APPEARS TO BE 5' OR MORE FROM PROPOSED CLOSET ADDITION.

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: 1-5-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED Date: DEC 29 2014

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