2.25

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213773

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

PIN # 4626-57-4591.000

APPLICANT: JOSEPH TALTON APPLICANT ADDRESS: 108 RINGNECK TRAIL, MOORESVILLE NC

SITE ADDRESS: 140 CHERRY TREE DR. MOORESVILLE NC PHONE: 704-658-5268 ALT. PHONE: 704-450-8008

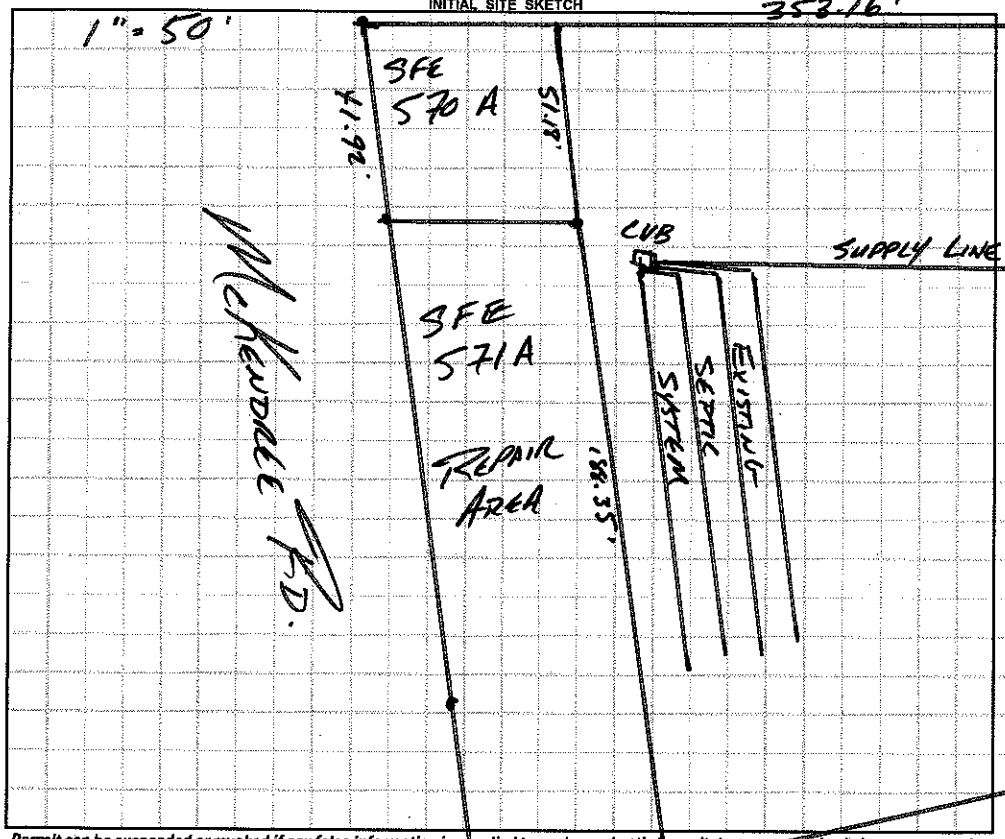
SITE DIRECTIONS: BSR, TL MCKENDREE, TR GRASSHOPPER, TR CHERRY TREE, R END ON R

SUBDIVISION: THE FARMS SECTION: 5 LOT # 571 LOT AREA: 1.404 ACRE DESIGN FLOW: EX. 600 GPD L.T.A.R.: EXISTING

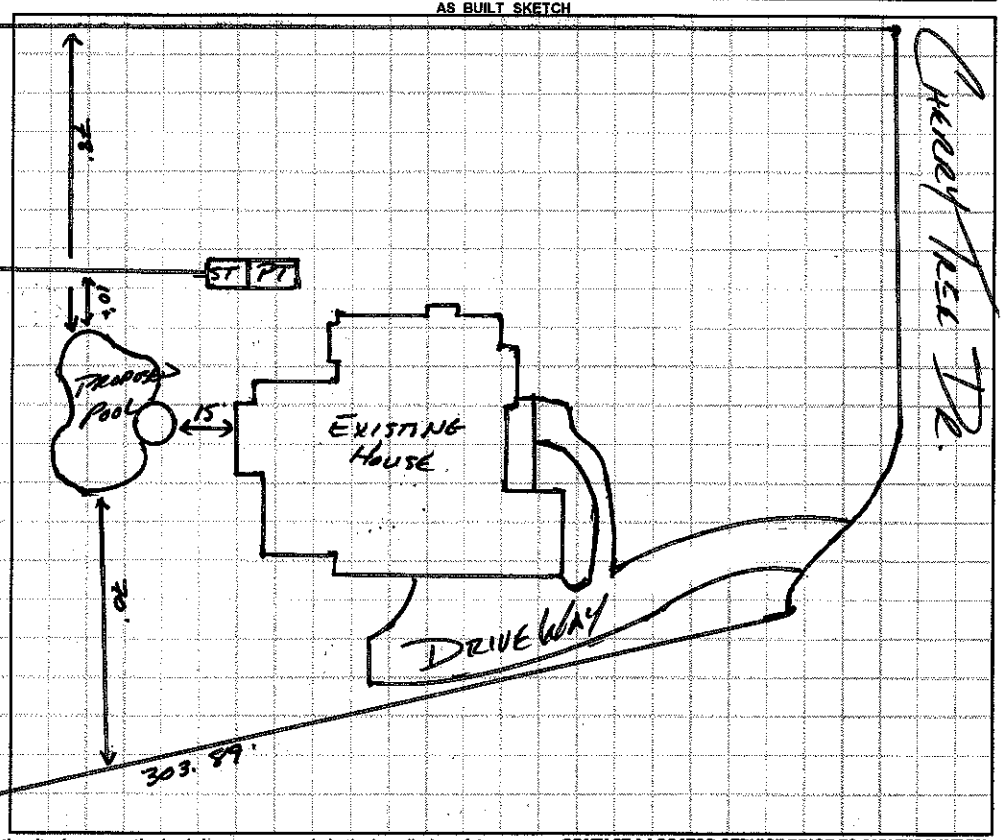
Septic Tank EXISTING (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms EX. 5	Water Supply
Pump Tank EXISTING (gal)	PT	Date	System Description: EXISTING LP-PPBX	☐ Business	No. Persons EX. 10	☐ Private
Pump Make EX.	Model	Serial #	Repair System Description: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

Comments / Conditions: MAINTAIN MINIMUM 10' FROM SUPPLY LINE WITH SWIMMING POOL. SYSTEM APPEARED 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: [signature] Date: 11-12-2015 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] APPROVED NOV 03 2015

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