IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21044O

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

PIN # 4626-57-4958.000

APPLICANT: Kent's Backyard Vision APPLICANT ADDRESS: 2311 Village Lake Dr.

SITE ADDRESS: 106 Bells Run Court Mooresville NC PHONE: 704-947-1350 ALT. PHONE:

SITE DIRECTIONS: BSR, TR McKendree, TR Grasshopper, TL Cherry Lake, TL Bells Run, Site on Corner

SUBDIVISION: The Farms SECTION: 5 LOT # 581 LOT AREA: .756 Acre DESIGN FLOW: Ex. 480 GPD L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex. # Lines Existing Linear Ft: Ex.

Trench Width Ex. Max. Trench Bottom Depth Existing Gravel Depth N/A

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

System Description: Existing 25% Reduction - Grav.

Repair System Description: Existing LP Panel

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Ex 4

☐ Business No. Persons Ex 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: System Appeared To Be Functioning At Time of Inspection. This Permit is For The Addition of A Screened Porch Over Existing Deck.

System Appears To Be At Least 5' From Any Structure.

INITIAL SITE SKETCH

1" = 40'

Bells Run Ct.

AS BUILT SKETCH

213'

Driveway

Repair

Existing House

Existing Septic System

Existing Deck

12'

Repair

Flow Diverter

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: John Durant Date: 6/10/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED JUN 09 2015

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