IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 159687 PIN # 4626-63-7783 DATE 2-3-10

OWNER or APPLICANT DEBRA MOSS PHONE: Business Home:

OWNER or APPLICANT ADDRESS 19810 W. CATAWBA AVE CORNELIUS NC 28031

LOCATION / DIRECTIONS BSR, TR SOUTHFORK, TR KAPP PLACE, 115

SUBDIVISION THE FARMS BLOCK / SECTION 1 LOT # 2 LOT AREA .8AC DESIGN FLOW 480GPD L.T.A.R. .3

Septic Tank EX 1500 Gallons: STB Date

Pump Tank EX 1000 Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines Linear Feet EXISTING

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: PM 25% REDUCTION

Repair System Description: LP- PANEL BLOCK

Maintenance Agreement Required ☐ YES ☒ NO INITIALLY

☐ 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 1) POOL MUST BE 15' FROM ANY PART OF SEPTIC

Comments / Conditions

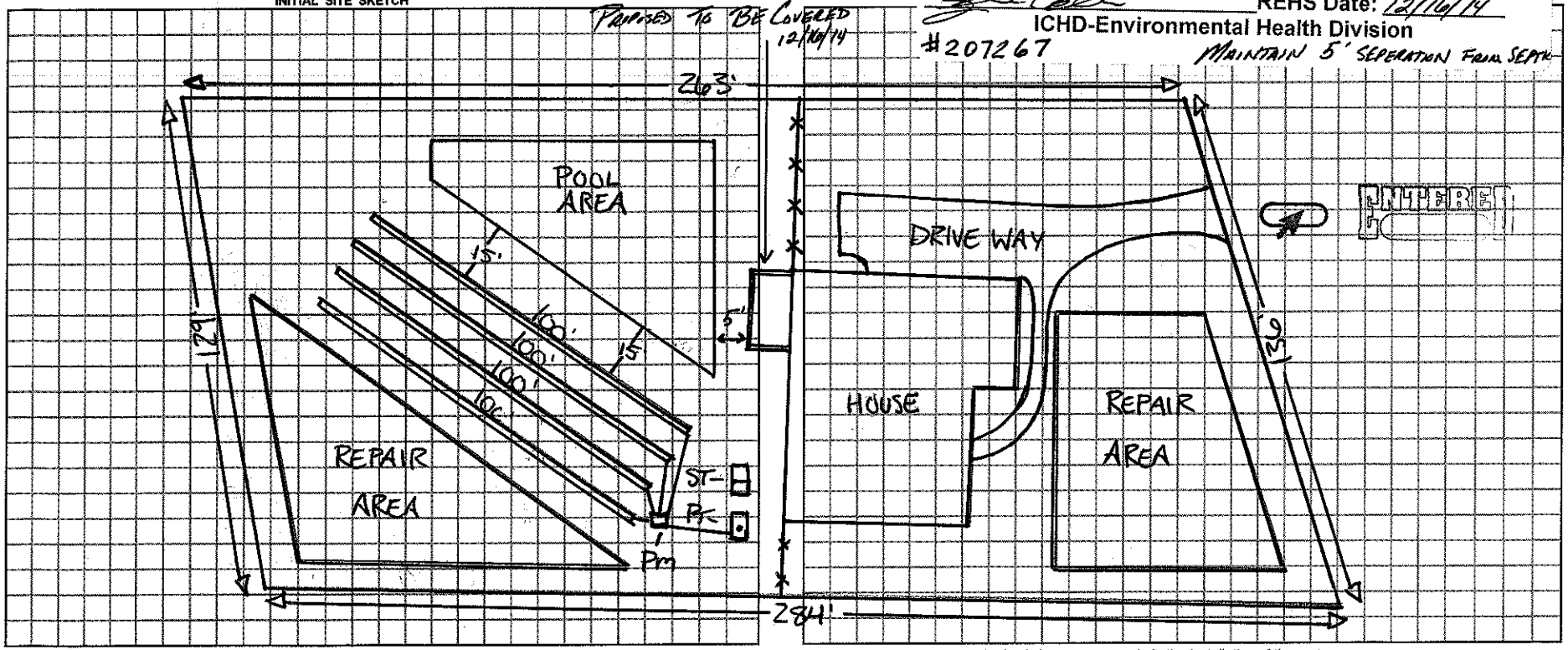
Location of the proposed COVERED PORCH addition does not appear to impact the existing on-site septic system or well. **NOTE: COVERED AREA TO REPLACE PERGOLA

REHS Date: 12/16/14

ICHD-Environmental Health Division

#207267

INITIAL SITE 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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Debra S. Moss - agent Date 2-3-10

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: REHS Date: 2-3-10

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant