IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217825

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

PIN # 4626-69-3355

APPLICANT: Kevin Harry APPLICANT ADDRESS: 111 Shadow Lane Mooresville, NC

SITE ADDRESS: 111 Shadow Lane Mooresville, NC 28114 PHONE: 540-222-6621 ALT. PHONE:

SITE DIRECTIONS: BSR toward Lake Norman → R on McKendree → R on Grasshopper Circle → R on Shadow Lane → House on Left.

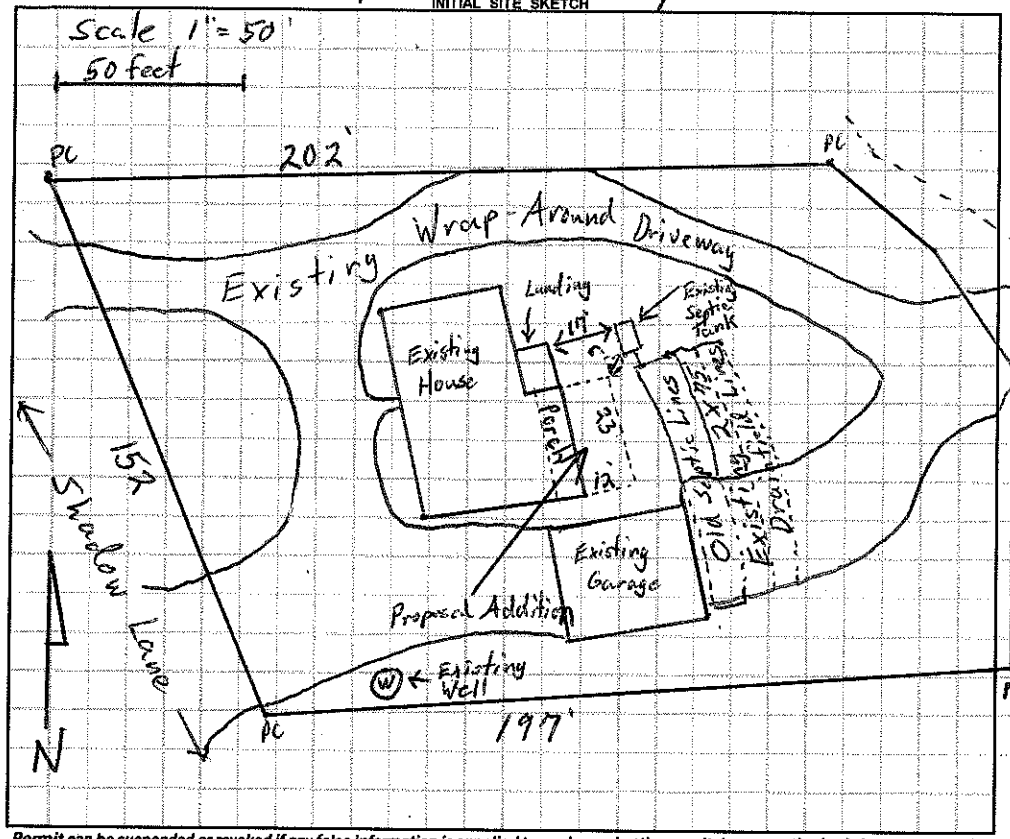
SUBDIVISION: CL+T SECTION: 8 LOT # 466 LOT AREA: 0.71 DESIGN FLOW: 360 gal/day L.T.A.R.: Ex

Septic Tank	1000 Ex (gal)	STB	Ex	Date	Ex	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Conv. Gravity Existing (1987)	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Conv. Gravity Lines (1992)	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	150	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

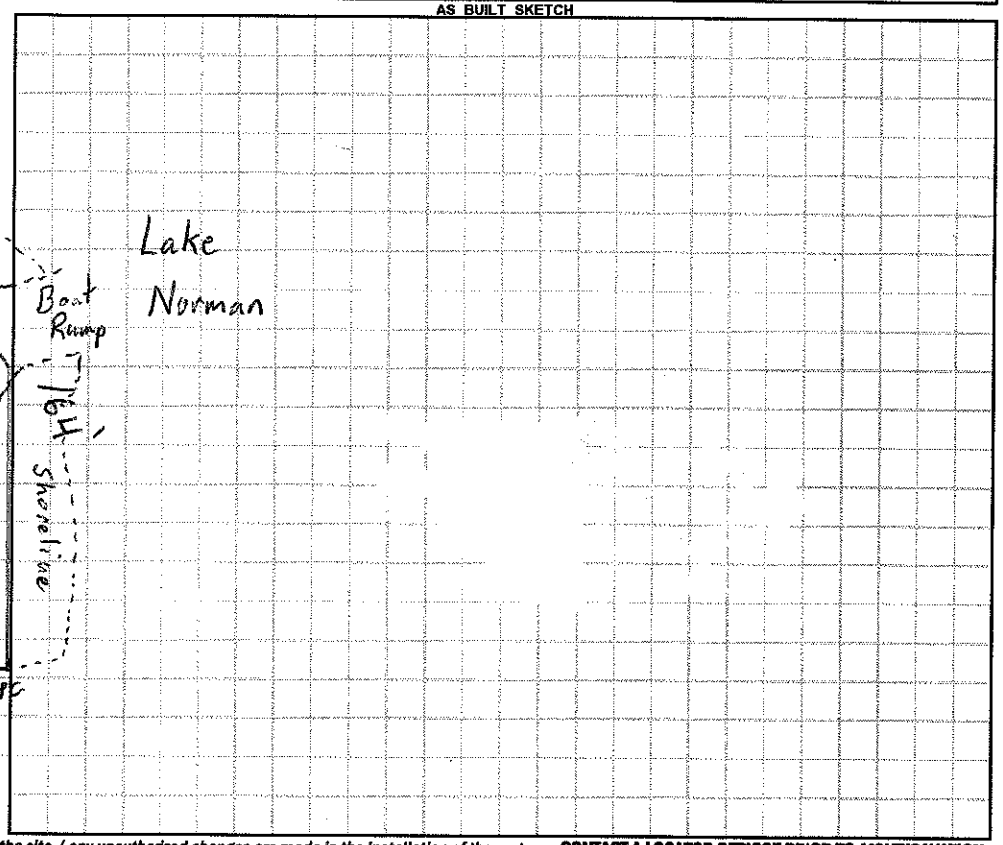
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Approval is for a 12'x23' house addition. At some point between 2005 → 2009, the driveway was constructed atop portions of the drainfield area. It remains unclear what damage or consequence this improvement has had upon the continued functionality of the septic system. Recommend pumping septic tank and removing all non-grass vegetation/objects within 5' of all sewage disposal system components.

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: 5/6/16 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Steve Shuck Date: 5-3-2016

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