10' 00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20352

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

PIN # 4626902029

APPLICANT: Paul Taffe / A Deck Above APPLICANT ADDRESS: 1201 H Technology Dr Indian Trail, NC 28079

SITE ADDRESS: 150 Great Point Dr Mooresville, NC 28117 PHONE: 704 821-3269 ALT. PHONE: 704 201-5582

SITE DIRECTIONS: Brawley School Rd TL Great Point Dr on right

SUBDIVISION: The Point SECTION: III LOT # 278 LOT AREA: 36,056 ft² DESIGN FLOW: 600 gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	338	Date	4-1-00	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1500 (gal)	PT	338	Date	5-2-00	System Description:	Supply line Pump-LP-Panel Block		
Pump Make		Model		Serial #		Repair System Description:	Same		
# Nitrification Fields	1	# Lines	4	Linear Ft:	340'	Maintenance Agreement Required:	☒ YES	☐ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	

Ex

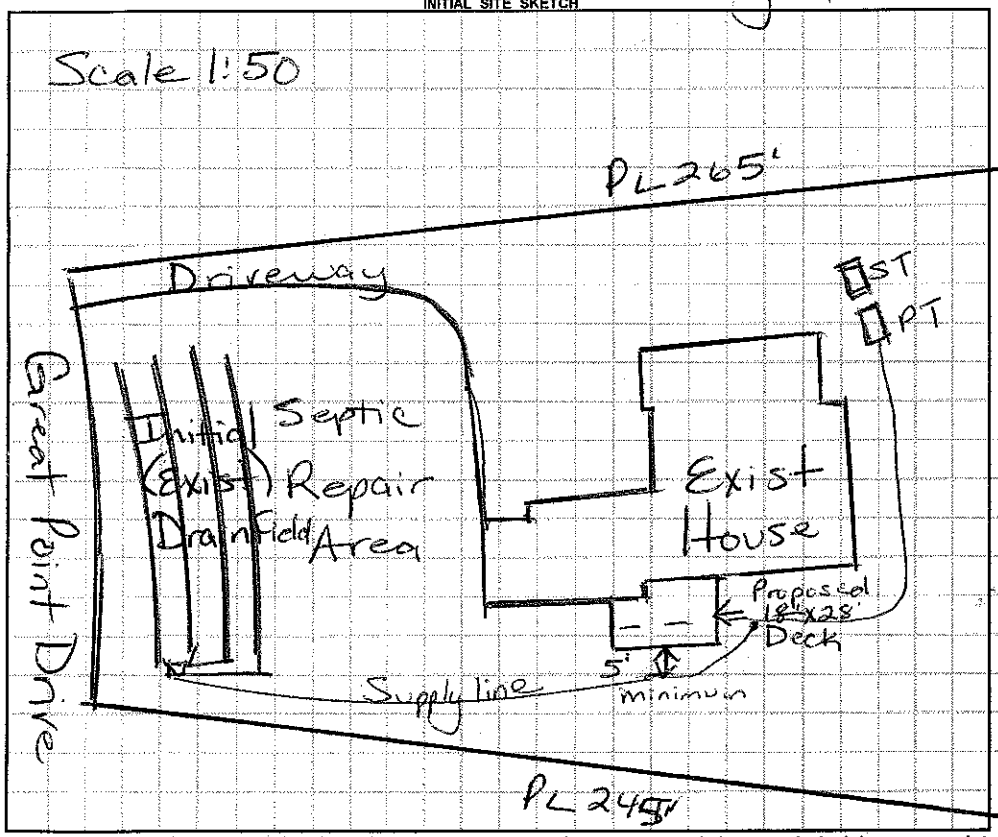
Ex

☒ Residence	No. Bedrooms	5	Water Supply	
☐ Business	No. Persons	10	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☒ Community	
☐ Basement w/ plumbing			☐ Basement w/o plumbing	

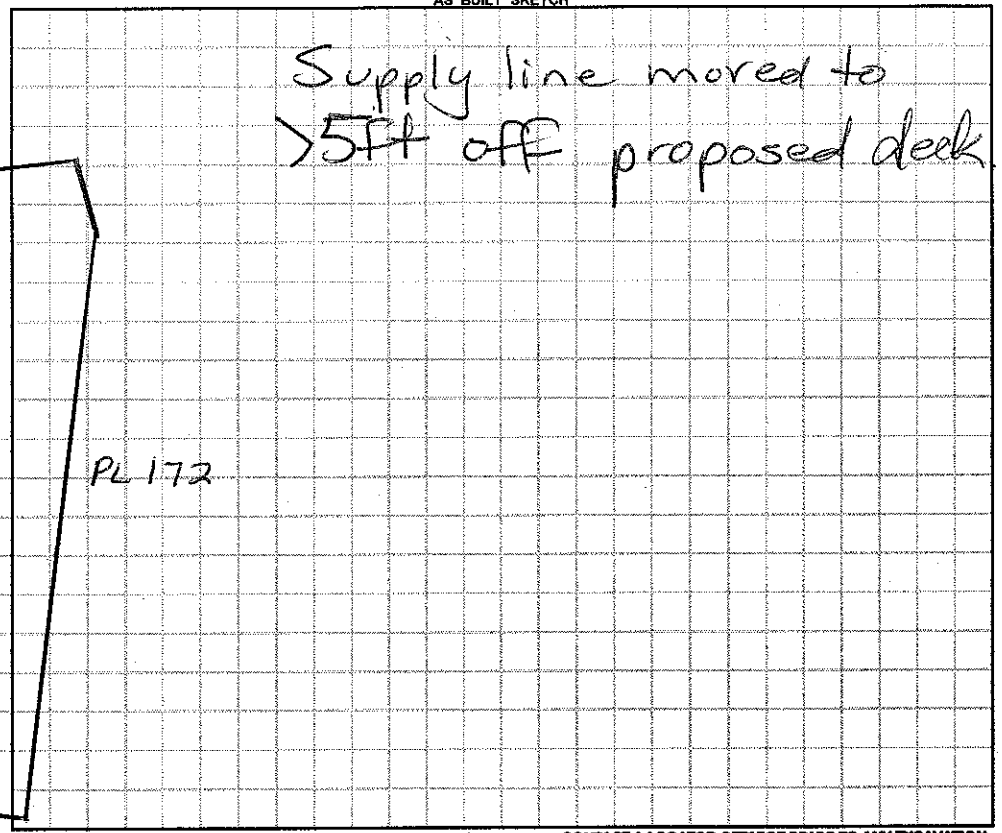
Comments / Conditions: ☆ Move existing supply line to at least 5ft from proposed deck = Tanks & drainlines & deck does not have to be changed

Abandon exist. Septic Supply that's less than 5ft from proposed deck & install new supply line to meet setback

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: 6/27/14 Installed by: C. Wayne Orbison

IMPROVEMENT PERMIT by: [signature] RS Date: 6/27/14 OPERATION PERMIT by: [signature] RS Date: 6/27/14

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 6/27/14 Existing System Inspected by: Date:

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