IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209325

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

PIN # 4627-00-4785.000

APPLICANT: Matt McHenry APPLICANT ADDRESS: 2732 Woodruff Rd. Boonville 27011

SITE ADDRESS: 128 Courtney Ln. Mooresville NC PHONE: 336-671-6162 ALT. PHONE: 336-469-1950

SITE DIRECTIONS: BSR, TR McKendree, TR Lakeview Shores, TL Abbott Rd., TR Lakeview Shores LP, TL Courtney LN.

SUBDIVISION: CL ET SECTION: 8 LOT # 287 LOT AREA: .61 Acre DESIGN FLOW: Ex. L.T.A.R.: Ex.

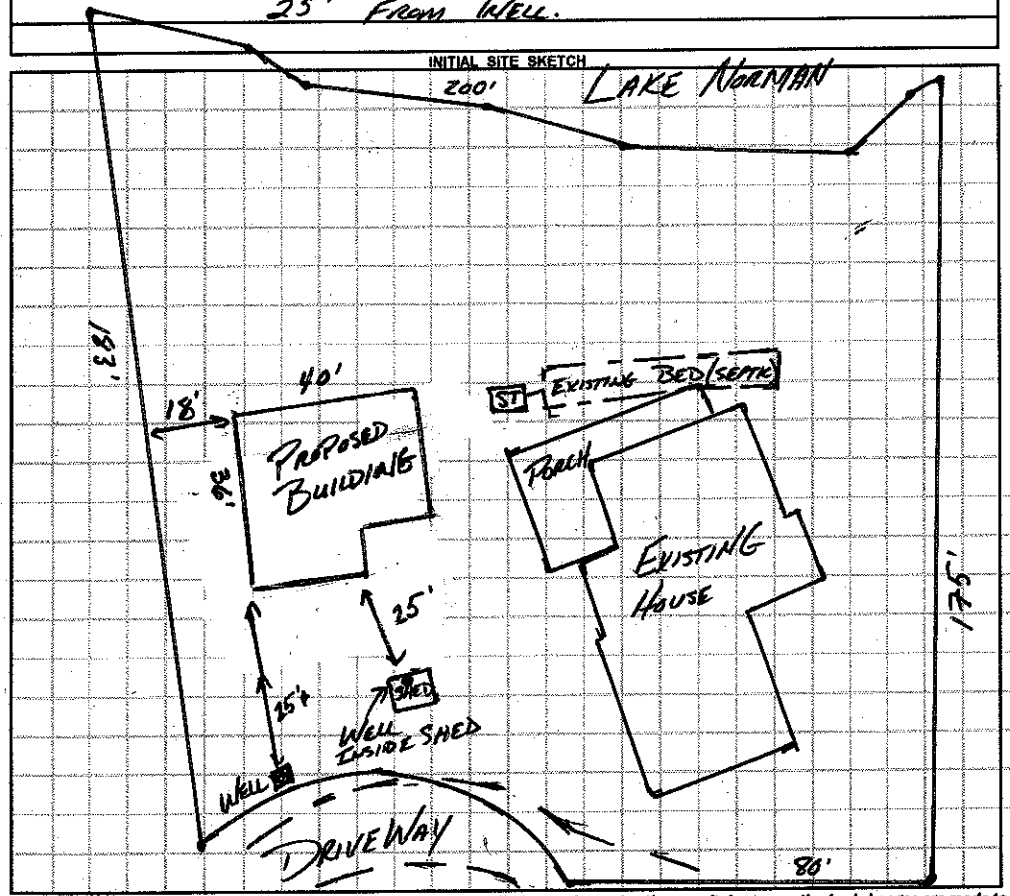
Septic Tank	Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I ☒ III IV V VI	☒ Residence	No. Bedrooms Ex
Pump Tank	(gal)	PT	Date	System Description: Existing Gravel Bed		☐ Business	No. Persons Ex
Pump Make	Model		Serial #	Repair System Description:		☐ Other	No. Employees
# Nitrification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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing System Appeared To Be Functioning At Time Of Inspection. Keep Proposed Building 25' From Well.

The Proposed Structure Does not Appear to Effect the Septic or Well.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'

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: 4/30/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] APPROVED APR 15 2015

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