IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202572

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

PIN # 4627627195

APPLICANT: Vernel & Leslie Hudson APPLICANT ADDRESS: P.O. Box 1322 Newport Richey, FL 34656

SITE ADDRESS: 115 Tweed Place Mooresville, NC PHONE: 9772437619 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Grasshopper Circle TR Tweed Place at end

SUBDIVISION: CL&T SECTION: 8 LOT # 446 LOT AREA: DESIGN FLOW: 360gpd L.T.A.R.: .1

Existing

Septic Tank	1000 (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 1 *
Pump Tank	1000 (gal)	PT		Date		System Description: Existing LPP		☐ Business	No. Persons 2
Pump Make		Model		Serial #		Repair System Description: Site recorded prior to 1983		☐ Other	No. Employees
# Nitrification Fields	3	# Lines	12	Linear Ft:	720	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space
Trench Width	12"	Max. Trench Bottom Depth	14"	Gravel Depth	8"	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

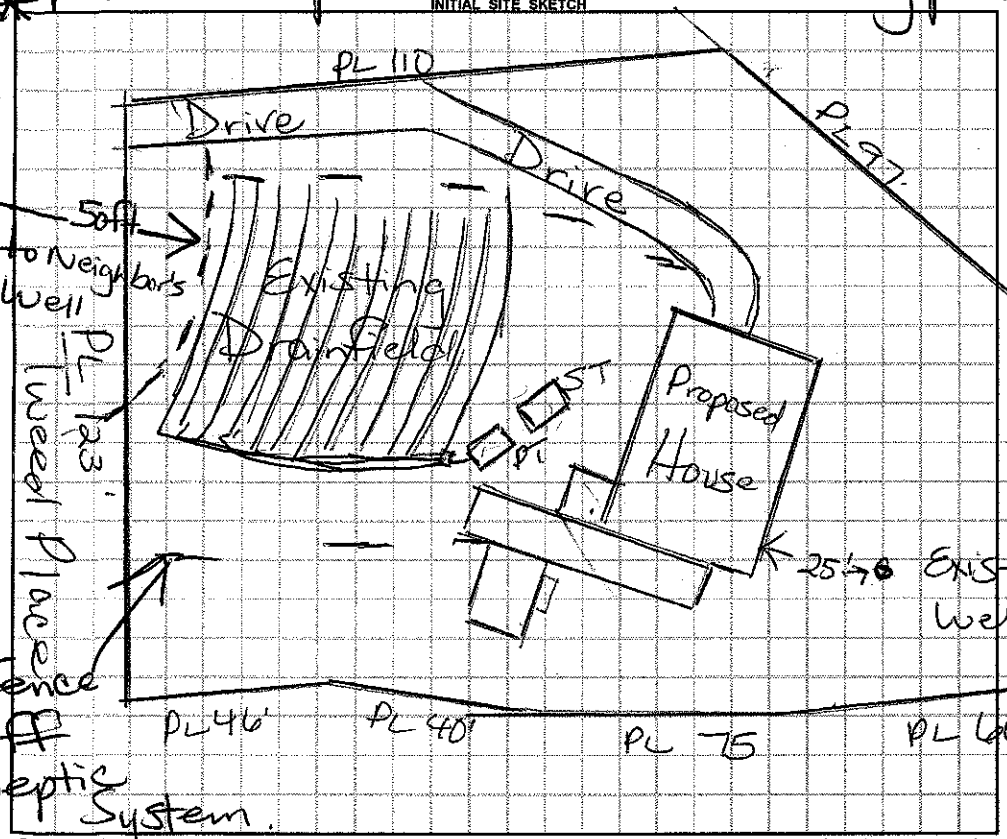
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing Septic System "appears" to be functioning OK at time of inspection, however not in use at time

* Application is for 1 Bedroom house, however Septic System was originally permitted for 3 Bedrooms

** Must Keep house at least 5ft from any part of Septic System

INITIAL SITE SKETCH



AS BUILT SKETCH

I.C.H.D Strongly Suggests fencing off & protecting Septic System to prevent any Construction traffic over system & damage.

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: X Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 5/27/14

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