IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200199

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

PIN # 4627-77-2681

APPLICANT: Terrance Farmer APPLICANT ADDRESS: 440 Hunter Ln Charlotte NC 28211

SITE ADDRESS: 114 Newark Ln Mooresville PHONE: 704-576-9579 ALT. PHONE:

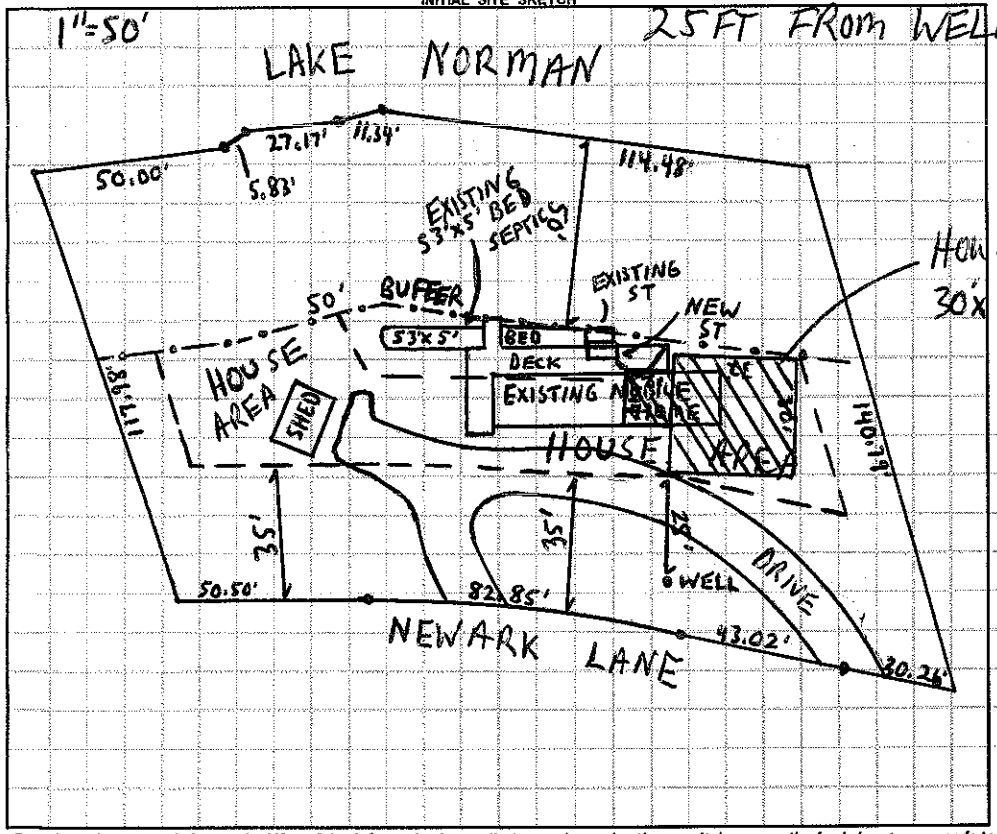
SITE DIRECTIONS: HWY 150W, TL on Paradise Peninsula Rd, TL on Greenbay Rd, TR on Newark Ln, 2nd Lot on R

SUBDIVISION: CL&T SECTION: 10 LOT # 157 LOT AREA: 0.58 DESIGN FLOW: 240 gpd L.T.A.R.:

Septic Tank	1000 (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☑ Residence	No. Bedrooms	2	Water Supply
Pump Tank	(gal)	PT		Date		System Description: EXISTING 5X53' BED		☐ Business	No. Persons	4	☑ Private
Pump Make	Model	EXISTING		Serial #		Repair System Description: PRE-1983 Deeded 3-19-76		☐ Other	No. Employees		☐ Public
# Nitrification Fields	# Lines			Linear Ft:		Maintenance Agreement Required: ☐ YES ☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	Max. Trench Bottom Depth			Gravel Depth		☐ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: *EXISTING ST TO BE ABANDONED, CRUSH, AND BACKFILL. NEW ST TO BE INSTALLED OUTSIDE OF 50 FT LAKE BUFFER. *NEW HOUSE MUST MAINTAIN MINIMUM 5 FT AWAY FROM SEPTIC AND

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: Terrance J Farmer Date: 2/24/14 Installed by: GUNTER

IMPROVEMENT PERMIT by: [signature] Date: 2-21-14 OPERATION PERMIT by: [signature] Date: 3-28-14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3-10-14 Existing System Inspected by: Date:

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