DW

OSWP

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 2023-16781

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

PIN # 4627 -- 77 -- 3229

APPLICANT/OWNER: Stephen Chuili | APPLICANT ADDRESS: 274 Greenbay Rd Mooresville 28117

SITE ADDRESS: 274 Greenbay Rd, Mooresville 28117 | PHONE: 704-616-1146 | ALT. PHONE

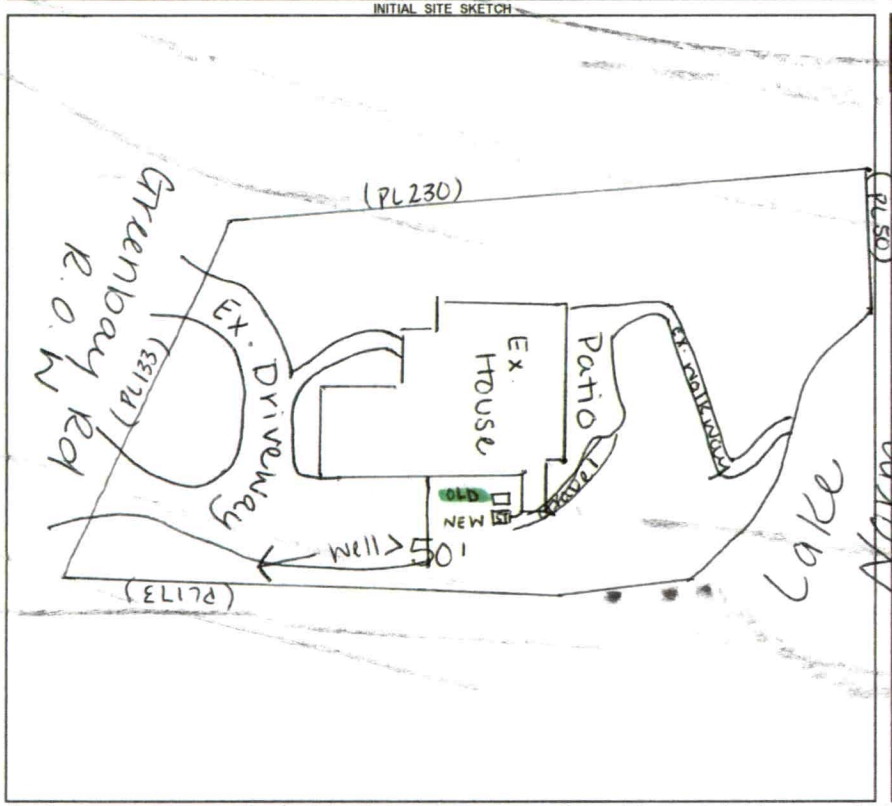
SITE DIRECTIONS: River Hwy - (L) Paradise Peninsula Rd - (L) Greenbay - Lot on (R) | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL&T | SECTION: 10 | LOT # 153 | LOT AREA: 0.68 | DESIGN FLOW: EX | L.T.A.R.: EX

Septic Tank 1000 1500 (gal)	STB Infiltrator	Date	☐ New System ☑ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms EX.	Water Supply
Pump Tank (gal)	PT	Date	System Description: Existing		☐ Business	No. Persons	☑ Private
Pump Make	Model	Serial #	Repair System Description: Existing		☐ Other	No. Employees	☐ Public
# Nitrification Fields EX	# Lines EX	Linear Ft EX	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width EX	Trench Bottom Depth(Low side) EX	Gravel Depth EX	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush, fill old tank. Keep new tank 15' off house. Replace distribution device if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1" = 60'

Gravel bed system runs under patio. System functioning properly at time of inspection.

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: Online Signature | Date: | Installed by: R & H

IMPROVEMENT PERMIT by: Sydney Holland | Date: 3/8/23 | OPERATION PERMIT by: [signature] | Date: 3/16/23

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 3/8/23 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ted Hunter DATE 10-14-85 PERMIT NO. 431

PHONE: Business _____ Home _____

LOCATION BOW TR 1211 TR 1219 (Green Bay Road) 0 & MK ONR S. R. No. _____

SUBDIVISION NAME LAKE NORMAN LOT NO. 153 SECTION OR BLOCK NO. 10

House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area EXISTING

Character & Porosity of Soil _____

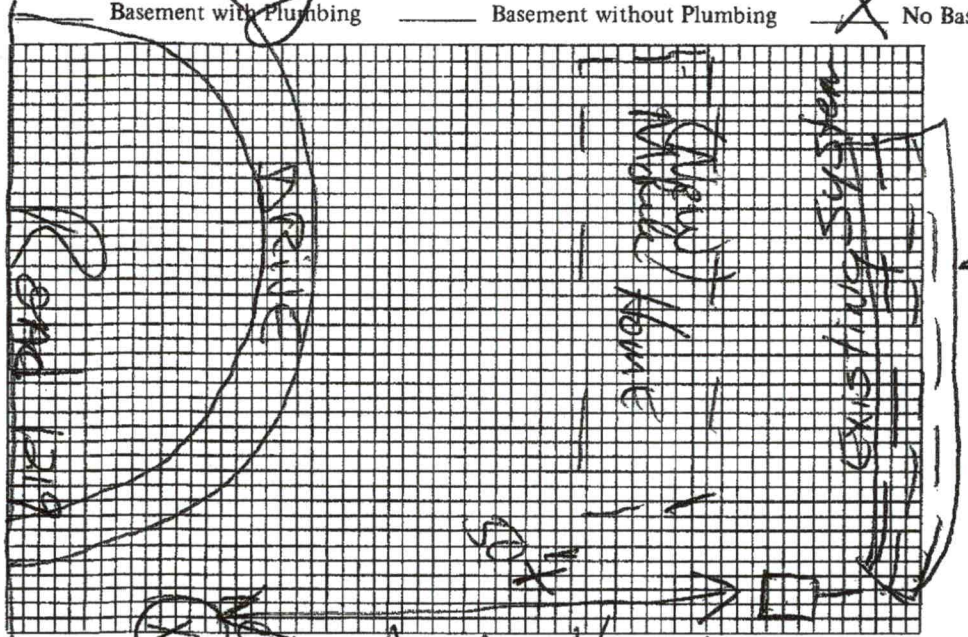
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations EXISTING System 3-12-1976

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 150 Linear Ft 250

Depth of Stone in Lines 10"

Water Supply: Individual (X)

Public ( )

3-12-1976

Installed by J R Bowles

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

System checked by John Houston 3-12-1976

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: EXISTING System working OK At Date of Inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 10-14-85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold