IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211829

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

PIN # 4634-59-7571.000

APPLICANT: JEFF BALTHASER APPLICANT ADDRESS: 817 PINE ST. MOORESVILLE 28115

SITE ADDRESS: 141 SCHOONER DR. MOORESVILLE NC 28117 PHONE: 980-275-2096 ALT. PHONE: 704-663-5108

SITE DIRECTIONS: WEST ON LANGTREE RD. TR SCHOONER, SITE IS ON L.

SUBDIVISION: SAILOR'S CAIR SECTION: LOT # 34 LOT AREA: .974 ACRE DESIGN FLOW: EXISTING 480 L.T.A.R.: EXISTING

Septic Tank EXISTING (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EX. # Lines EXISTING Linear Ft: EXISTING
Trench Width EXISTING Max. Trench Bottom Depth EXISTING Gravel Depth EXISTING

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: EXISTING CONVENTIONAL - GRAVITY
Repair System Description: EXISTING CONVENTIONAL - GRAVITY
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

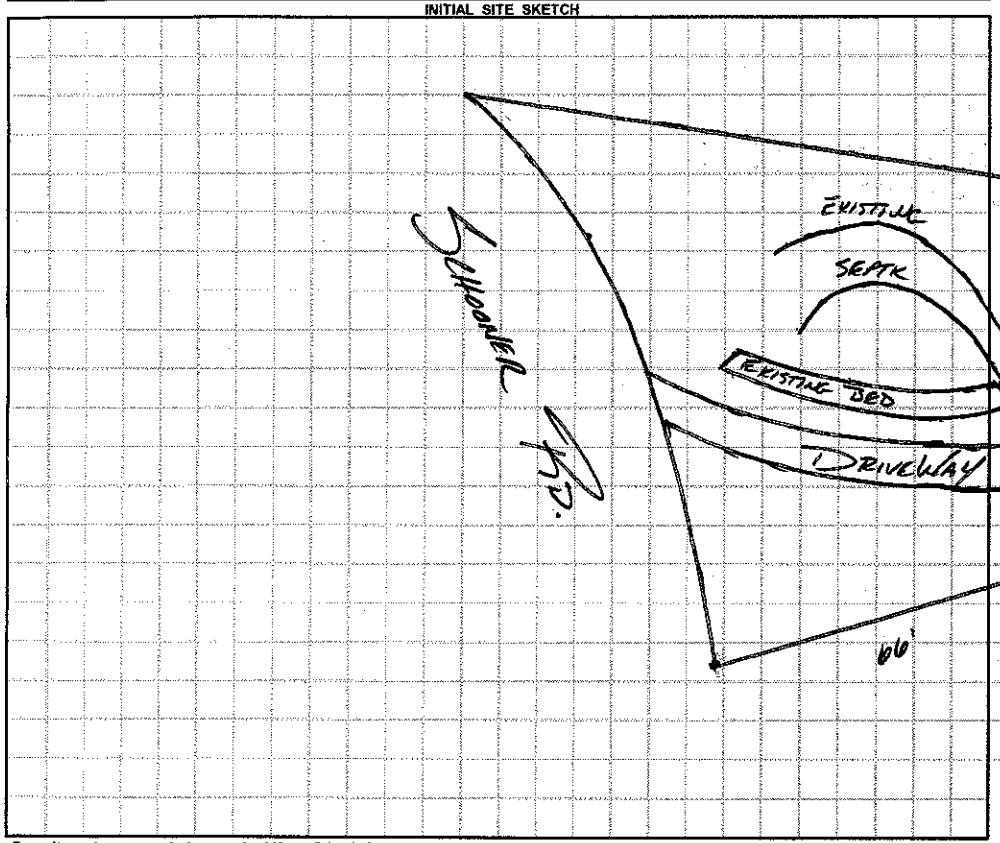
☒ Residence No. Bedrooms EX 4
☐ Business No. Persons EX 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

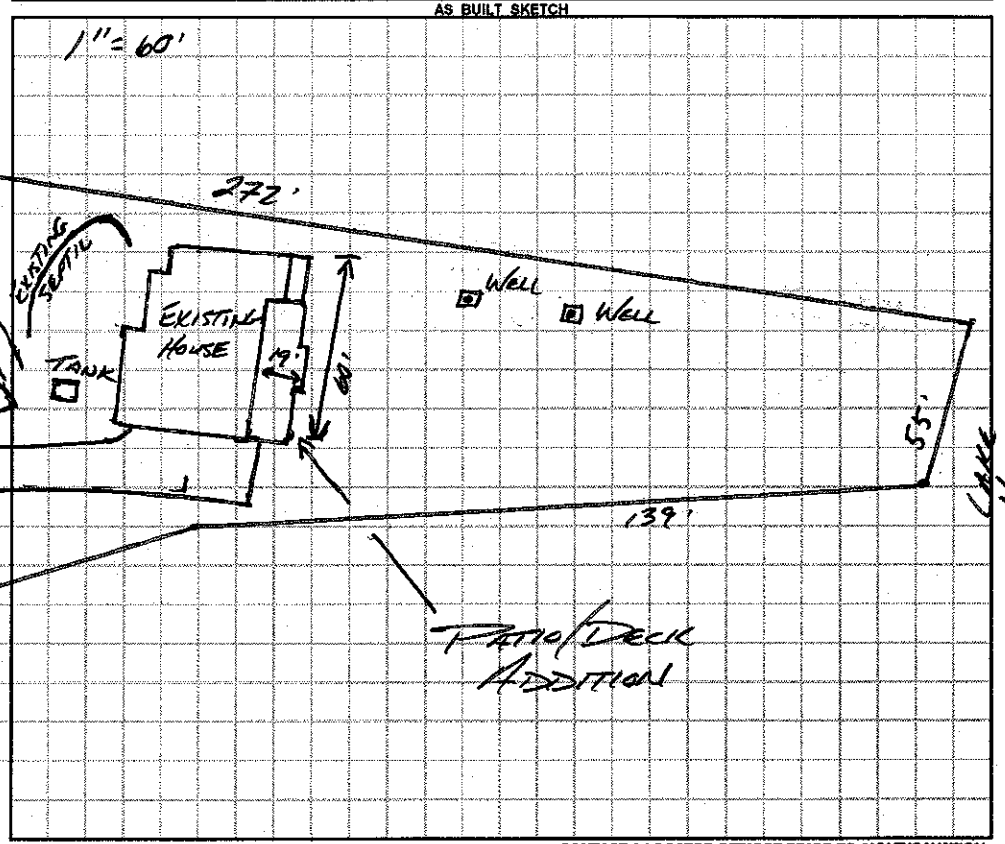
Comments / Conditions: EXISTING SYSTEM APPEARED TO BE FUNCTIONING @ TIME OF INSPECTION. EXISTING LINES ARE INSTALLED FAIRLY DEEP.

PATIO/DECK ADDITION APPEARS TO MEET ALL WELL / SEPTIC SETBACKS.

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: Date: 7-23-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 7/22/15

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