IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176869

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

PIN # 4635037668

APPLICANT: Richard Jess APPLICANT ADDRESS: 132 Vineyard Drive Mooresville, NC 28117

SITE ADDRESS: 132 Vineyard PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd around traffic circle TR Point Drive TL Meeting House Circle TL Vineyard

SUBDIVISION: The Point SECTION: 1A LOT # 42 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: 25-3 on left

Existing

Septic Tank	1500 (gal)	STB	338	Date	2-5-04		
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	5	Linear Ft:	450		
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: Pump - CP - Panel Blk

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons No. Employees ☐ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions:

Any pool cut must be 15ft from Septic System including repair
Any future buildings must be at least 5ft from Septic System

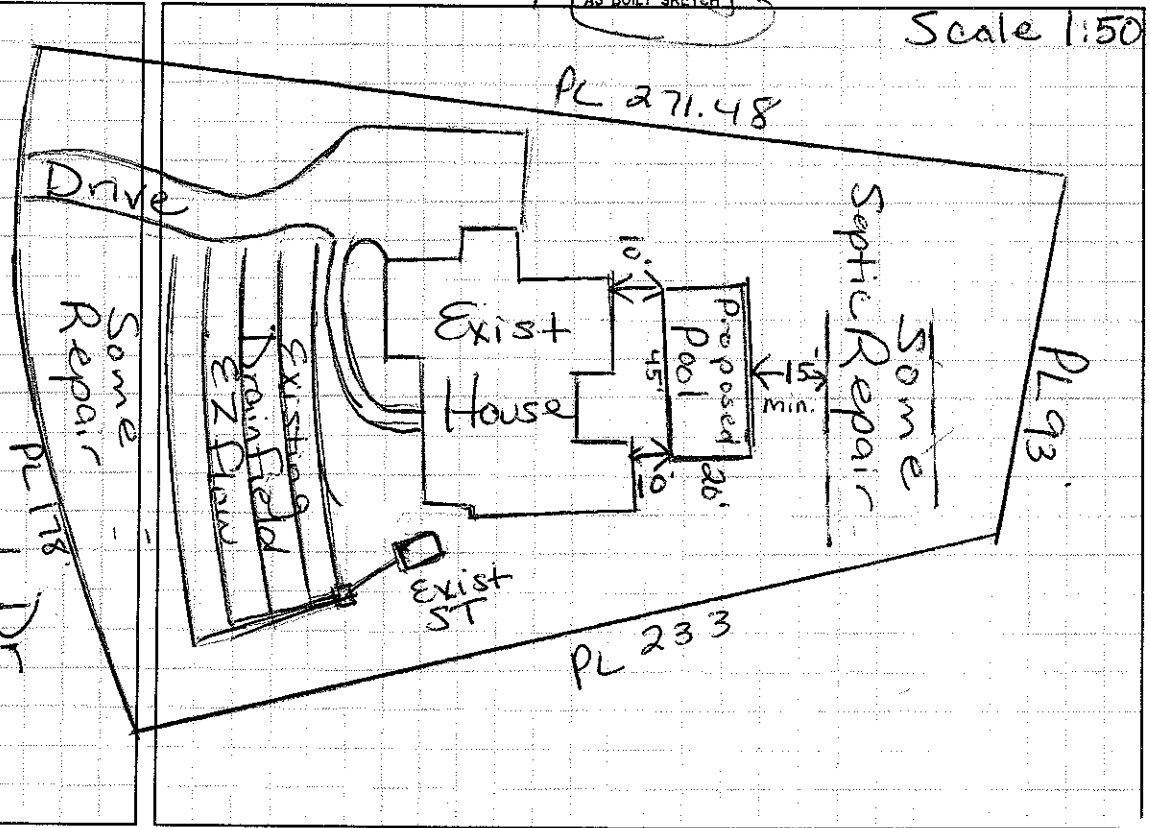
INITIAL SITE SKETCH

The proposed / existing In ground Swimming Pool addition does not appear to impact the existing septic system.
**NOTE: Pool "Cut" must be at least 15ft from Septic Repair Area

Maria Dotson R.S.
Date: 12/26/2013
ICHD-Environmental Health Division

AS BUILT SKETCH

Scale 1:50



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 EXCAV**

☐ **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*

Owner / Applicant Signature: Date: Installed by: R & H

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson

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