IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212861

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

PIN # 4635-03-7668.000

APPLICANT: Alan Moffitt APPLICANT ADDRESS: 8421 Old Statesville Rd. Charlotte NC 28269

SITE ADDRESS: 132 Vineyard Dr, Mooresville NC PHONE: 704-674-4013 ALT. PHONE: 860-655-9523 *

SITE DIRECTIONS: BSR, TL The Point Dr, TR Meeting House Cir, TR Vineyard Dr, Site on L

SUBDIVISION: The Point on Davidson SECTION: 1A LOT # 42 LOT AREA: .780 Acre DESIGN FLOW: Ex. 480 GPD L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Existing 25% Reduction - Gravity
Repair System Description: LP-PPRDS
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: System Regarded To Be Functioning @ Time of Inspection. Proposed Addition Should Not Impact Septic System.

INITIAL SITE SKETCH

1"=50'

Vineyard Dr.

AS BUILT SKETCH

271'

Proposed Addition

Driveway

Repair Area

Septic System

Existing

Existing House

Pool

Repair Area

57'

48'

233'

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: Alan Moffitt Date: 9/21/2015 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED SEP 17 2015

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