IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209918

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

PIN # 4635170702K

APPLICANT: Augusta Homes / Steve Miller APPLICANT ADDRESS: 10602 Bailey Rd Ste B Cornelius, NC

SITE ADDRESS: 206 Quaker Rd Mooresville, NC. PHONE: 704 892-7795 ALT. PHONE: 704 201-4460

SITE DIRECTIONS: Brawley School Rd TL Quaker On right at end

SUBDIVISION: The Point SECTION: 1-C LOT # 12 LOT AREA: .760 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .25

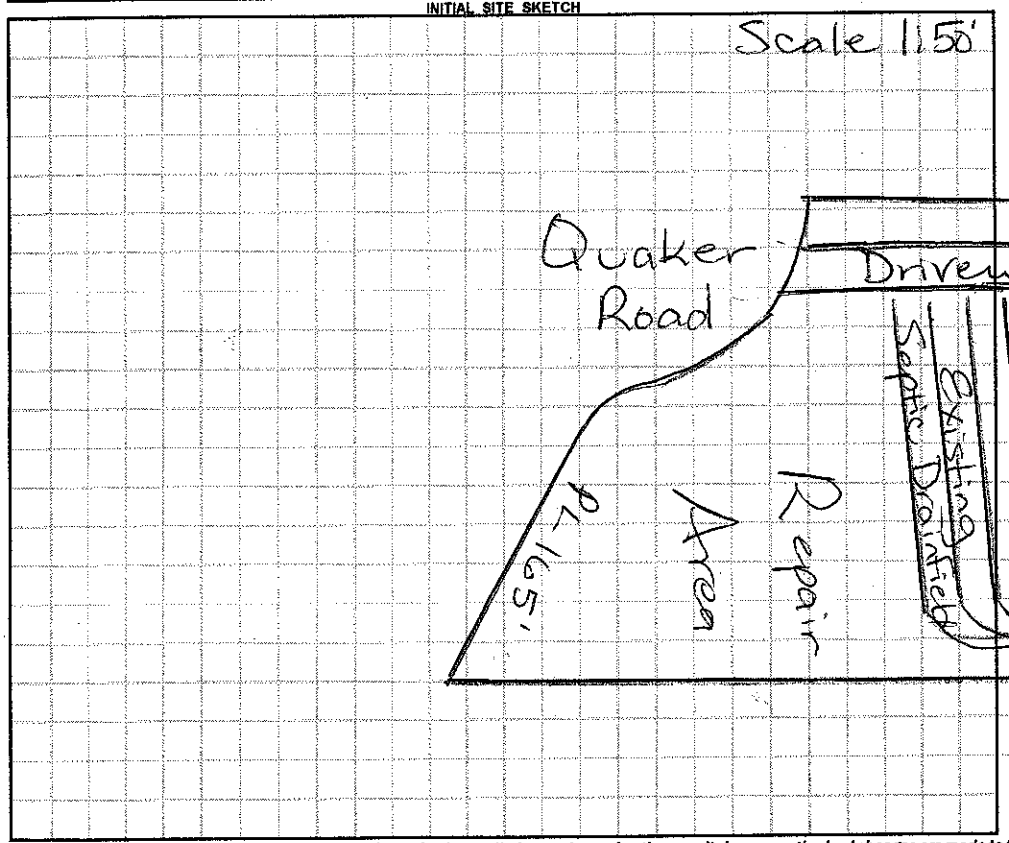
Existing / Existing

Septic Tank	1500 (gal)	STB		Date		☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT		Date		System Description: Existing LP Panel Block		☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description: Same		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	340ft	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space		☒ Community
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

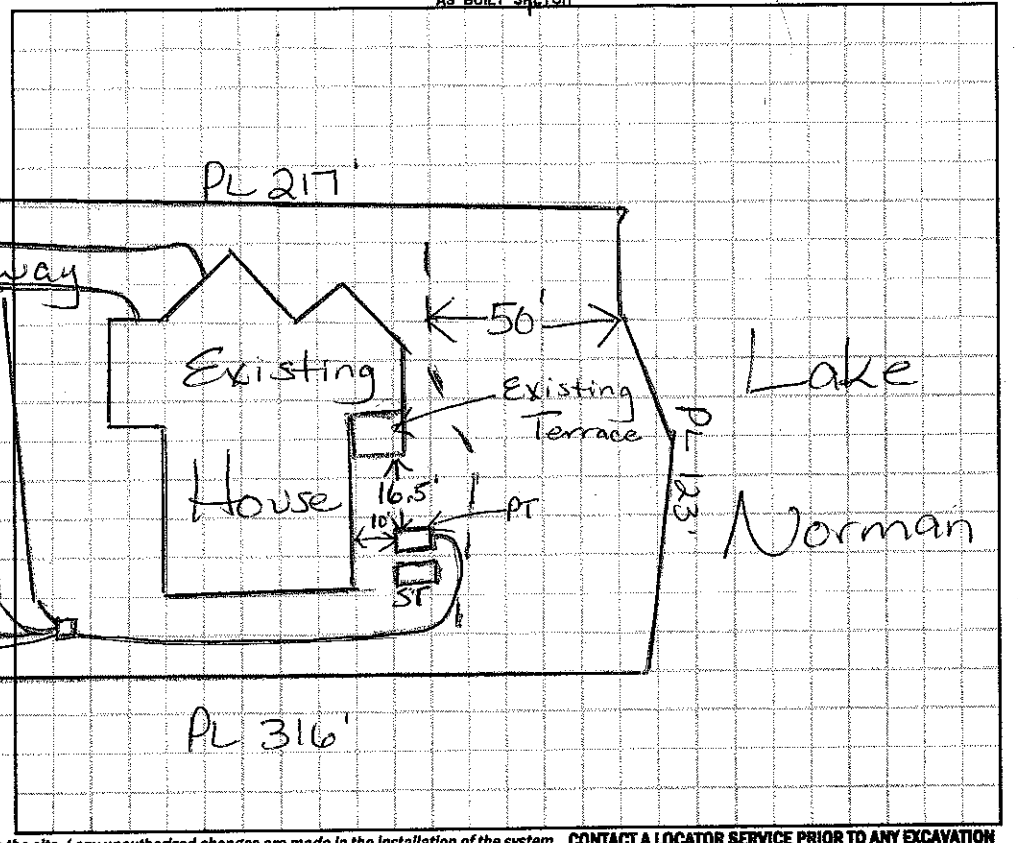
Comments / Conditions:

The proposed roof over existing terrace does not appear to impact the existing Septic System. It meets setbacks to Septic

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: 5/19/15 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Marion Dotson RS Date: 5/16/15

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