IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4635284490 ✓

APPLICANT: David Ryon APPLICANT ADDRESS: 169 Lake Pine Rd Mooresville, NC 28117

SITE ADDRESS: 169 Lake Pine Rd. Mooresville, NC PHONE: 704660-6481 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines TR Waterford TL Lake Pine Rd. at end

SUBDIVISION: Pine Isle SECTION: 2 LOT # 64 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .3

Use Plastic ST

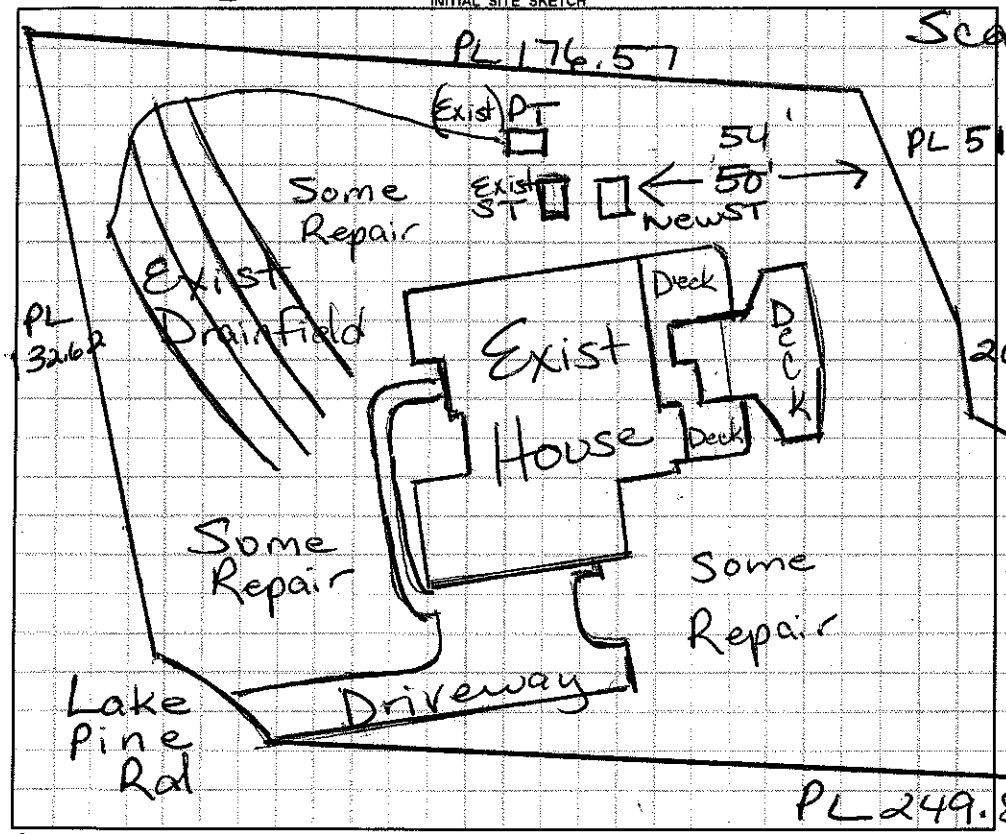
Septic Tank	1000 (gal)	STB JC10160	Date Plastic	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT 20771060	Date	System Description: Pump-LP Panel Block				☐ Business	No. Persons
Pump Make	Model		Serial #	Repair System Description: Same				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 4		Linear Ft: 270'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width 24"	Max. Trench Bottom Depth		Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

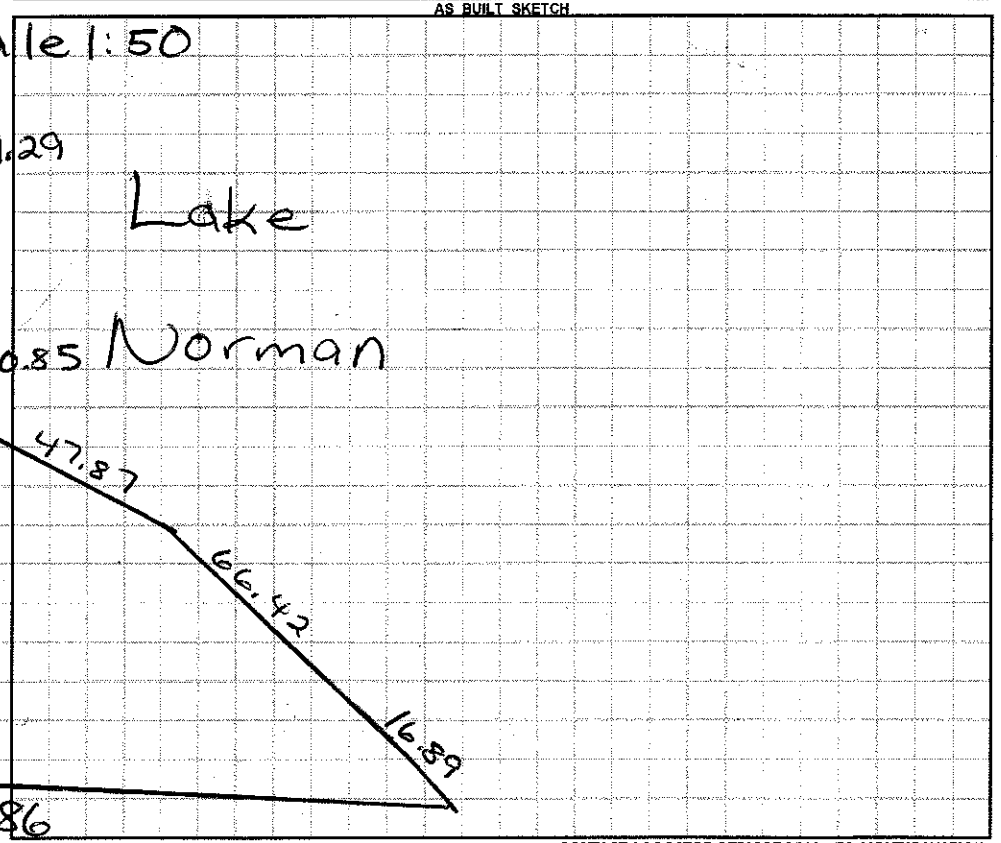
Comments / Conditions: ★ Replacing existing Septic Tank. Okay to "properly" abandoned existing ST & Install new one as shown.

Must Keep new ST at least 5Ft from House, 10ft from PL & 50ft from house.

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: X David Ryon Date: 5/24/13 Installed by: Hallman Construction

IMPROVEMENT PERMIT by: Maria H. Dotson RS Date: 5/24/13 OPERATION PERMIT by: Maria H. Dotson R.S. Date: 7/1/13

AUTHORIZATION TO CONSTRUCT by: Maria H. Dotson RS Date: 5/24/13 Existing System Inspected by: _____ Date: _____

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