IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215176

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

PIN # 4635-29-0250

APPLICANT: Stacy Williams-McCune APPLICANT ADDRESS: 127 Harbor Shore Court, Mooresville, NC 28117

SITE ADDRESS: 129 Harbor Shore Court Mooresville NC 28117 PHONE: 704-799-1628 ALT. PHONE:

SITE DIRECTIONS: BSR west towards Lake Norman → TL on Isle of Pines → TR onto Waterford Dr → TL on Lake Pine Rd → TR onto Harbor Shore Court

SUBDIVISION: Pine Isle SECTION: 2 LOT # 51 LOT AREA: 0.177 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.3 [existing]

Septic Tank	1000 (gal)	STB	760	Date	8-14
Pump Tank	N/A (gal)	PT	—	Date	—
Pump Make	N/A	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	Existing (5)	Linear Ft:	Existing 540
Trench Width	36"	Max. Trench Bottom Depth	Existing	Gravel Depth	Existing

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

System Description: Existing - Replace Collapsing Septic Tank

Repair System Description: Conventional - Per 1992 Permit

Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

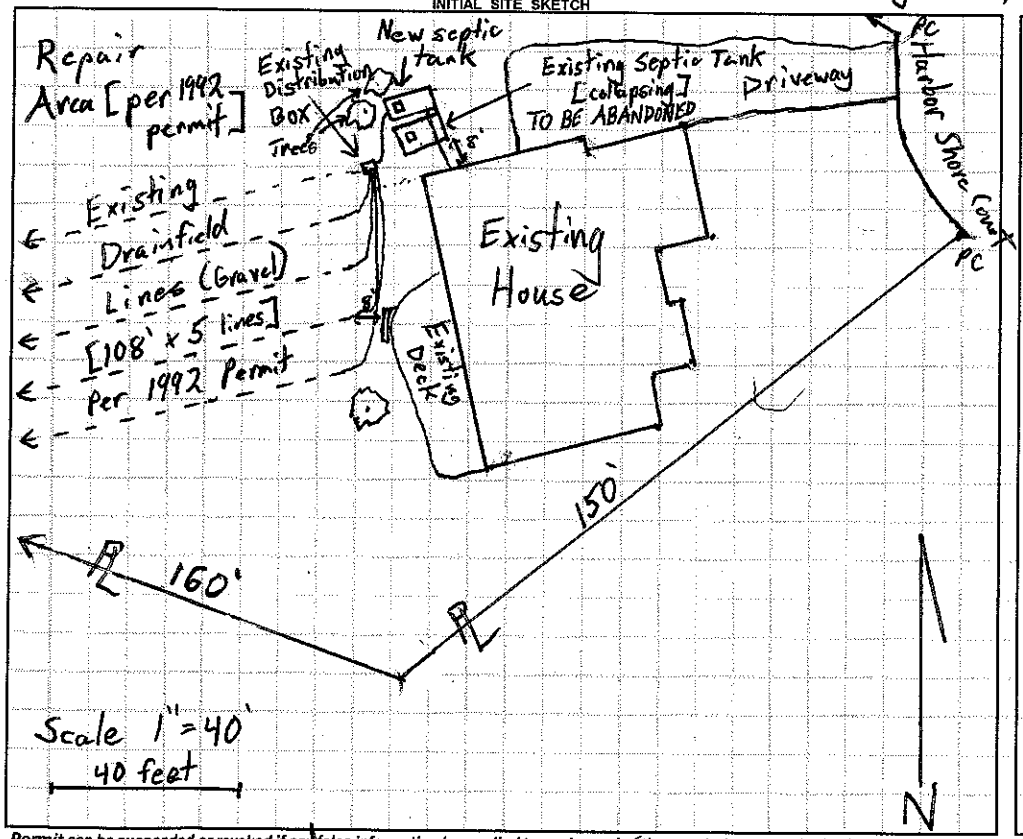
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community ☐ Basement w/o plumbing

Comments / Conditions: Existing 1500 gallon collapsing tank shall be pumped, crushed + buried/filled. Keep new tank at least 5 feet from existing house foundation. If during the repair process the distribution box is uncovered and found to be in a state of degredation, replace as needed. Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years and removing all non-grass vegetation within 5' of all sewage disposal system components.

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

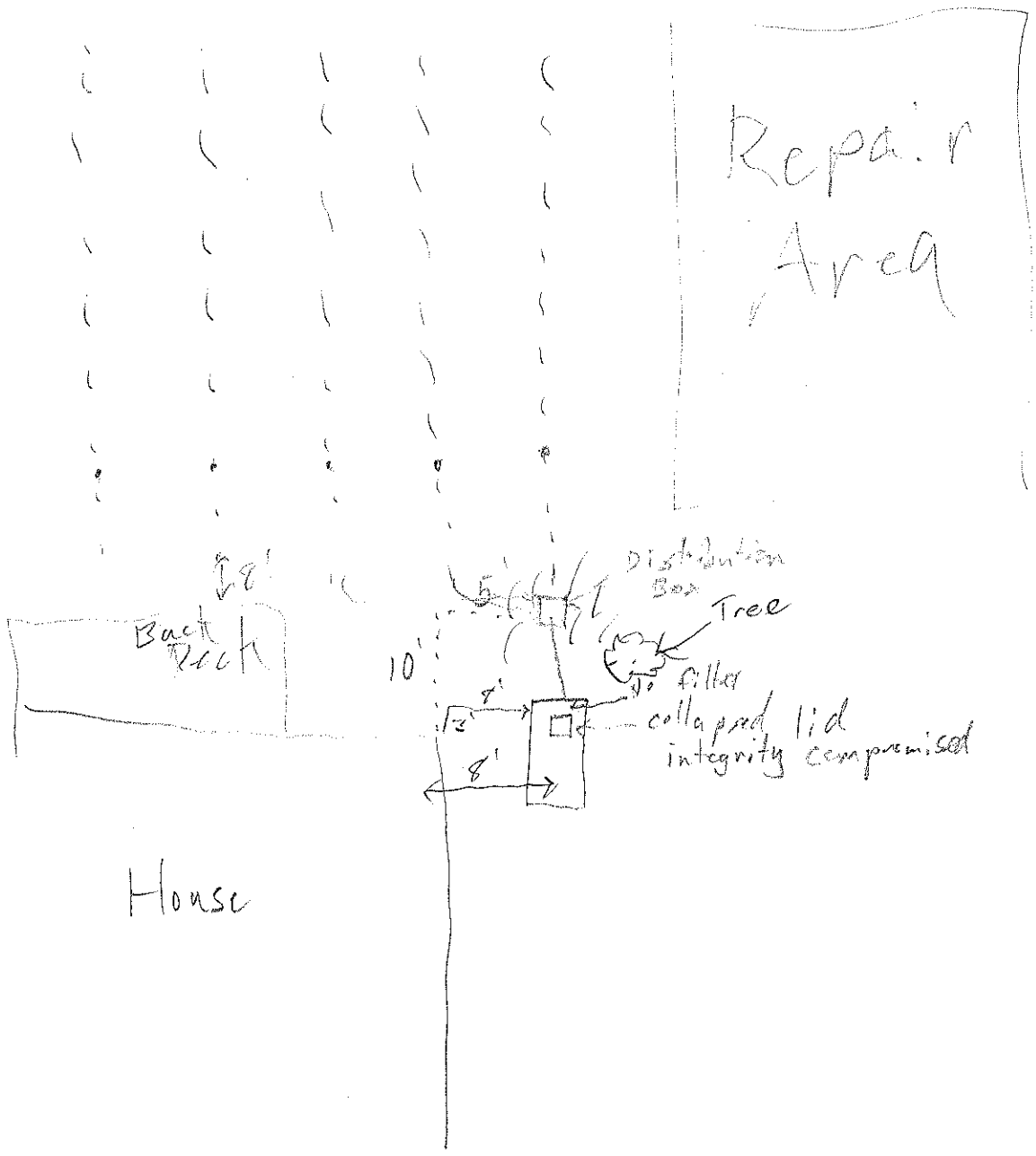
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Stacy McCune Date: 12/9/15 Installed by: [illegible]

IMPROVEMENT PERMIT by: Tom Shuck Date: 12-2-15 OPERATION PERMIT by: [illegible] Date: 12-8-15

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12-2-15 Existing System Inspected by: Date:

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


Repair Area
Distribution Box
Tree
filler
collapsed lid integrity compromised
10'
4'
3'
8'
Back Porch
House