# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221093

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

PIN # 4636 00 7680

APPLICANT: Tori Tshee APPLICANT ADDRESS: 104 Kensington St. Mooresville, NC

SITE ADDRESS: 145 Northshore Drive Mooresville, NC PHONE: 704 857-8483 ALT. PHONE: 704 657-8481

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines TR Cove Creek TL Wyswept TR Wynward TL Northshore Dr

SUBDIVISION: North Shore TL SECTION: II LOT # 28 LOT AREA: .163 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3 Nearend

Existing / Existing

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 7/21/16 | ☐ New System ☒ Repair ☐ Expansion | System Type: I II III (IV) V VI | ☒ Residence | No. Bedrooms 4 |
| Pump Tank | 1000 (gal) | PT | 363 | Date | 7/1/16 | System Description: ST Only | | ☐ Business | No. Persons 8 |
| Pump Make | | Model | | Serial # | | Repair System Description: LPPPBPS | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft: | 270' | Maintenance Agreement Required: ☒ YES ☐ NO | | ☐ Slab | ☒ Crawl Space |
| Trench Width | 24" | Max. Trench Bottom Depth | 30" | Gravel Depth | N/A | ☐ GRAVITY ☒ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

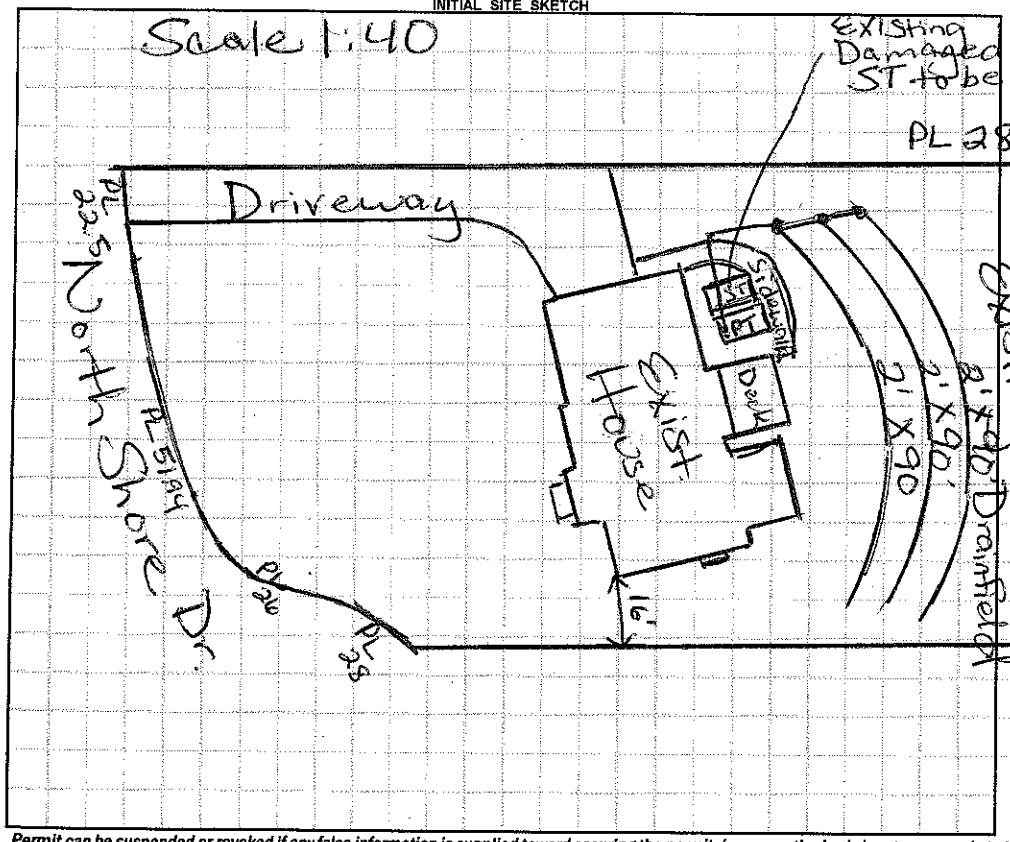
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Replace existing (damaged) ST with new ST. Installed in same location as old ST to avoid sidewalk

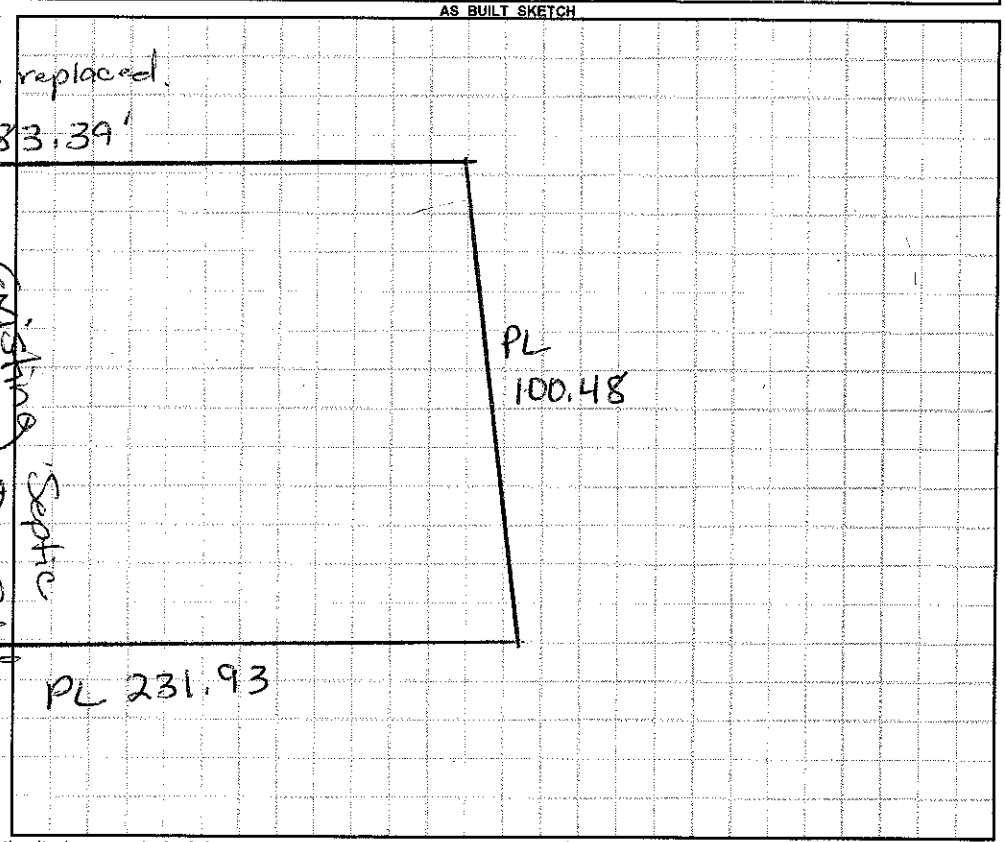
☆ Do not install sidewalk over tanks

Remove old ST

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: [signature] Date: 9/9/16 Installed by: Lesty Washington

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 9/8/16 OPERATION PERMIT by: W Sparks Date: 9/14/16

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 9/8/16 Existing System Inspected by: Date:

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