IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219089

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

PIN # 4636-11-3103

APPLICANT: Liz Digirolamo APPLICANT ADDRESS: 5843 N. Bronco Lane Prescott Valley, AZ 86314

SITE ADDRESS: 162 Wynward Lane Mooresville, NC 28117 PHONE: 704-746-2030 ALT. PHONE:

SITE DIRECTIONS: BSR toward Lake Norman → L on Isle of Pines → R on Cove Creek Loop → L on Wynaswept Dr → R on Wynward Lane → on Right

SUBDIVISION: North Shore II SECTION: II LOT # 46 LOT AREA: 0.71 acres DESIGN FLOW: 360 gal/day L.T.A.R.:

Septic Tank 1000 Ereplace (gal) STB Plastic Date Unfiltrate
Pump Tank 1000 (gal) PT 27 Dellinger Date 4-16-95
Pump Make Model Serial #
Nitrification Fields 1 (Ex) # Lines 3 (Existing) Linear Ft: 300 (Ex)
Trench Width 36" (Ex) Max. Trench Bottom Depth 36" (Ex) Gravel Depth

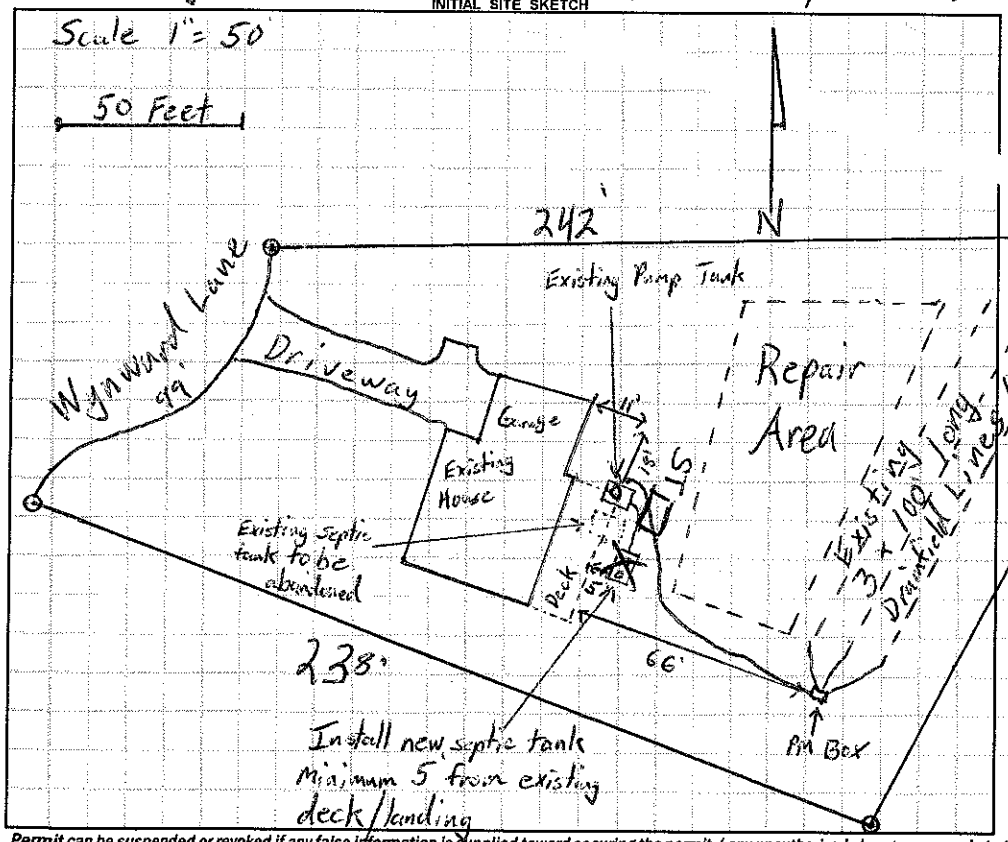
☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM - 25% Reduction [Septic Tank Replaced]
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space
☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Permit issued at request of owner to replace cracked septic tank (not uncovered at time of inspection on 5-31-16). Existing tank must be pumped and either 1) Filled with an essentially self-leveling fill (stone, sand or cement) or 2) Crushed in place or 3) Hauled away. New septic tank must be installed at least 5' from existing porch footers / landing. Relocating pump line may be necessary. Recommend pumping out tank every 3-5 years and replacing deteriorating pressure manifold box.

INITIAL SITE SKETCH



AS BUILT SKETCH

Recommend removing all objects (non-grass) within 5' of all sewage system components.

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: 6/7/16 Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Tom Shuck Date: 6-6-16 OPERATION PERMIT by: Marina Dotson RS Date: 6/14/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6-6-16 Existing System Inspected by: Date:

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