IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222696

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

PIN # 4636 118639

APPLICANT: Deborah Shuntich APPLICANT ADDRESS: 117 Mussel Ln Mooresville NC

SITE ADDRESS: 117 Mussel Ln Mooresville NC PHONE: 704-799-2899 ALT. PHONE: 704-902-7349

SITE DIRECTIONS: Brawley School Rd T/L Isle of Pines Rd T/R Cove Creek Lp T/R Mussel Ln Lot on left

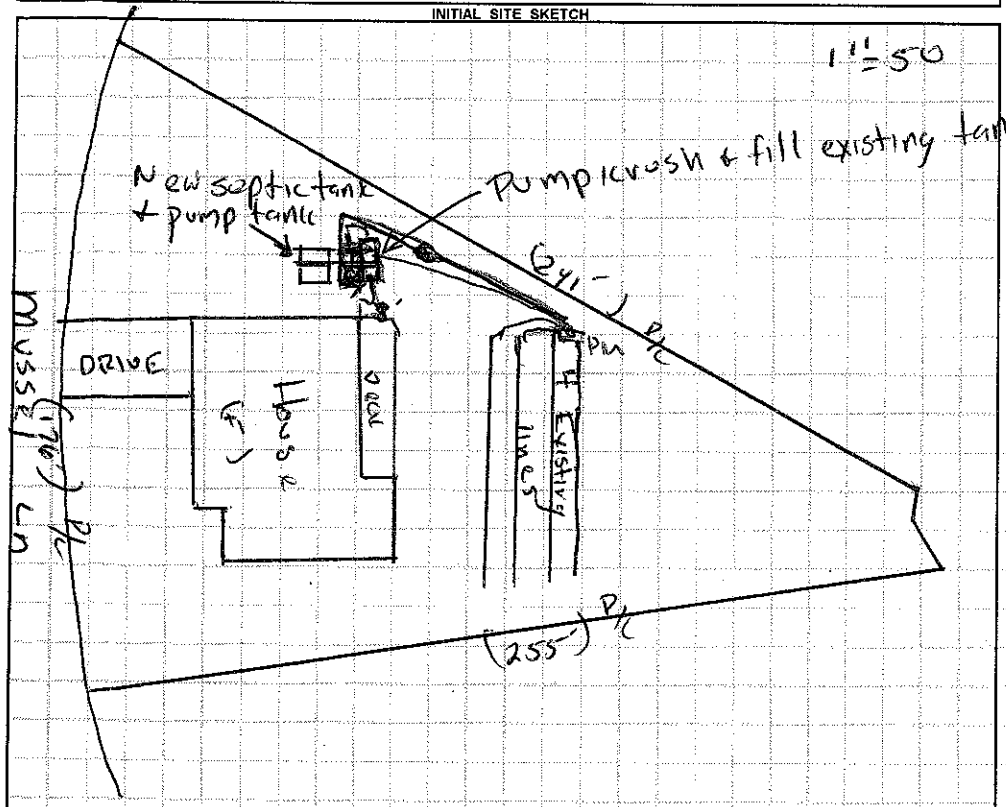
SUBDIVISION: North Shore II SECTION: P3N LOT # 63 LOT AREA: 0.53ac DESIGN FLOW: 480 L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	8/9	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	9/28	System Description:		Tanks		☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Pump/crush & fill existing tanks.
Maintain no greater than 6" of cover
Maintain 5' off any building foundation

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:

IMPROVEMENT PERMIT by: [signature] Date: 10/26/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/26/16

Installed by: Lantz Wastewater

OPERATION PERMIT by: [signature] Date: 11/7/16

Existing System Inspected by: Date:

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