IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # _____ PIN # 4636 393758 DATE 8-1-2012

OWNER or APPLICANT Annie Rapon PHONE: Business _____ Home: 704 309-0968

OWNER or APPLICANT ADDRESS 109 Herons Gate Dr. Mooresville, NC 28117

LOCATION / DIRECTIONS Brawley School Rd TR Herons Gate 1st Lot on left.

SUBDIVISION Edge Water Pk BLOCK / SECTION _____ LOT # 23 LOT AREA .752 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 3 Linear Feet 1200

Trench Width 36 Max. Trench Bottom Depth 36 Gravel Depth N/A

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

System Description: Exist. Gravity 25% Reduction

Repair System Description: Gravity - 25-50% Reduct

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

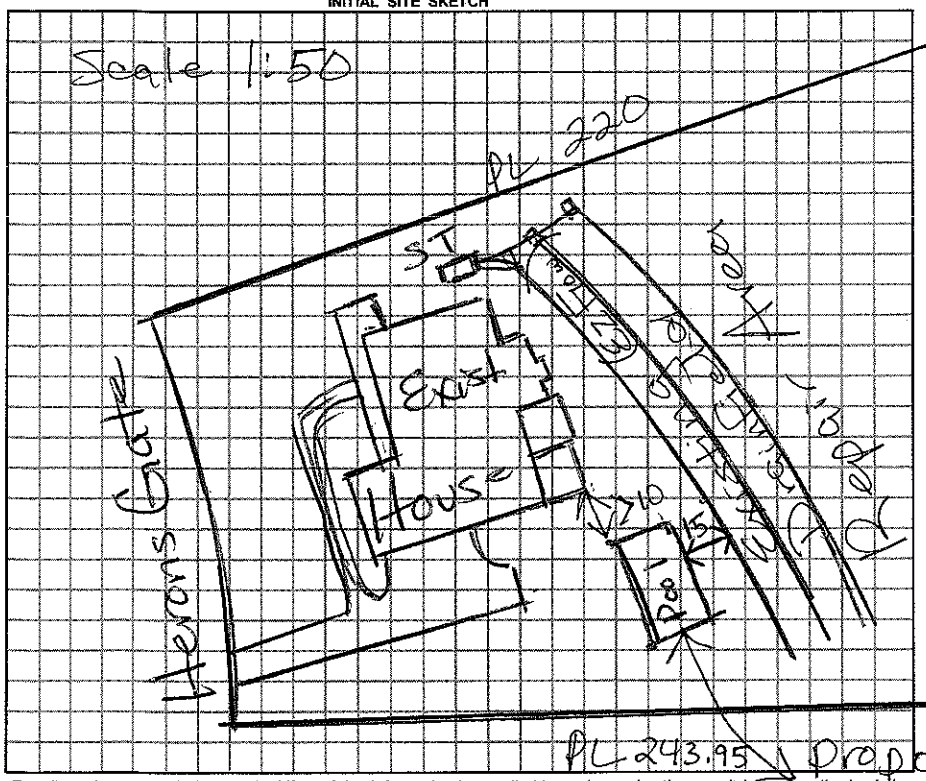
Water Supply: ☐ Private ☐ Public ☐ Community

Exist

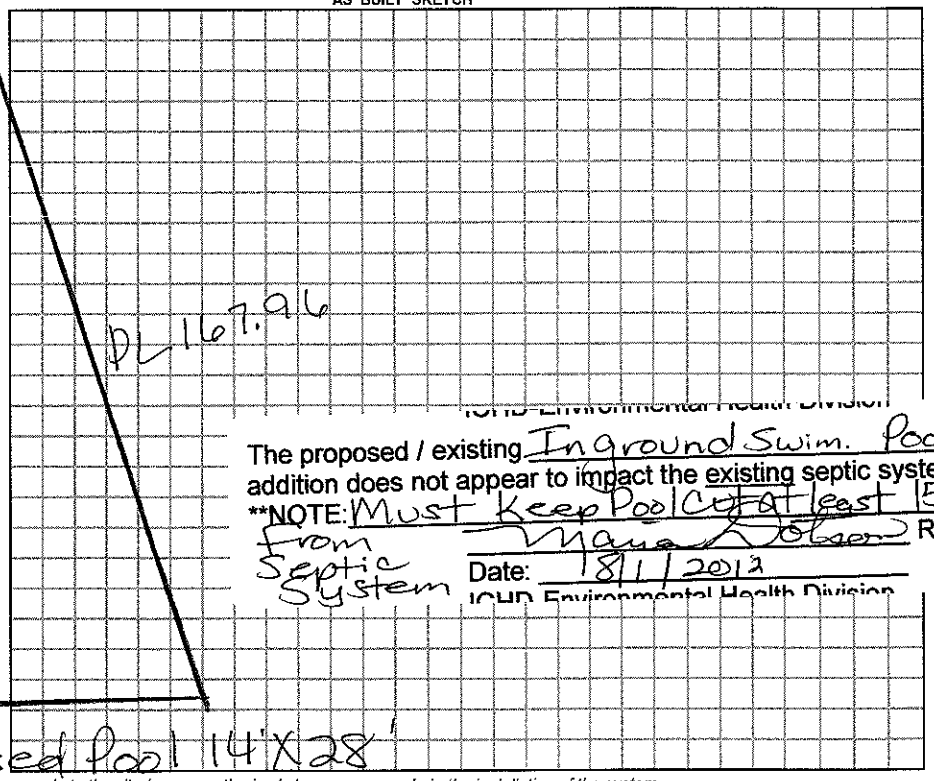
Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH



ICHD-Environmental Health Division

The proposed / existing In ground Swim. Pool addition does not appear to impact the existing septic system.

**NOTE: Must Keep Pool Cut at least 15ft from Septic System

Diana Dotson R.S.

Date: 8/1/2012

ICHD Environmental Health Division

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.

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

Owner / Applicant Signature: _____ Date _____

Improvement Permit by: _____ Date _____

Authorzation to Construct by: _____ Date _____

Installed by: Richard Abernathy

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant