IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176697

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

PIN # 4636400413

APPLICANT: William Bundy APPLICANT ADDRESS: 108 Wisteria Ln Mooresville, NC 28117

SITE ADDRESS: 187 Gannett Rd Mooresville, NC 28115 PHONE: 704 660-0930 ALT. PHONE: 704 660 0930

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines TL Gannett lot on left

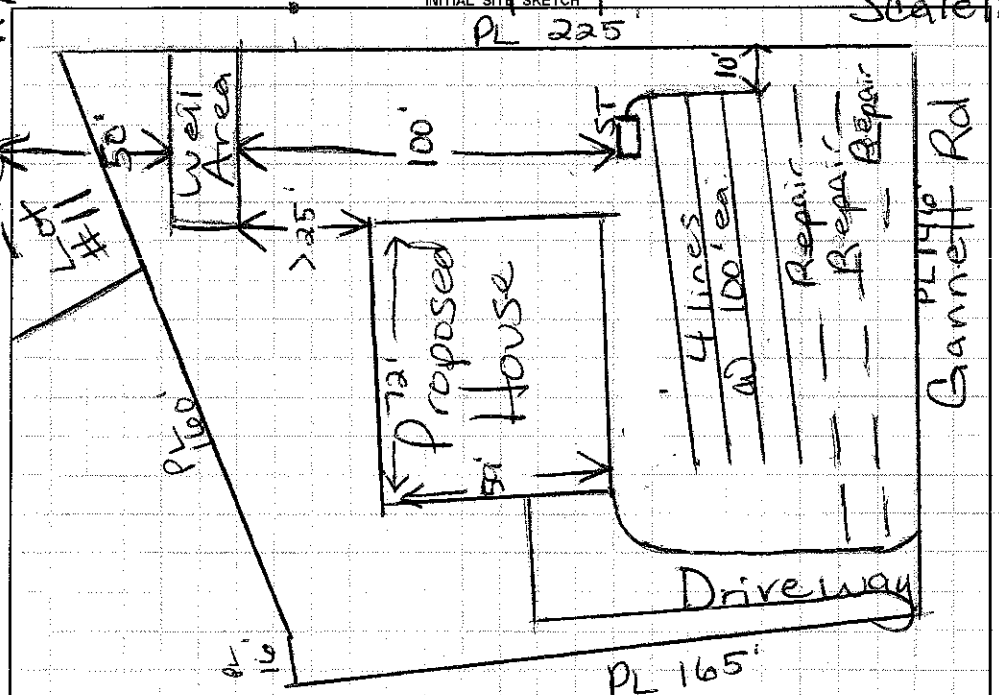
SUBDIVISION: Lake View Hts SECTION: LOT # 7 LOT AREA: .69 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3+

Septic Tank	1000 (gal)	STB 794	Date 5-28	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction			☐ Business	No. Persons	☒ Private
Pump Make	Model		Serial #	Repair System Description:	Pump - LP Panel Block			☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4		Linear Ft: 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth ~~42"~~ 36"		Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: * Soil evaluated in deep backhoe pits * House area will have to be built up & plumbing stubbed out high to maintain gravity flow to drainfield. Otherwise pump will be needed. * Okay to grade down hump in drainfield area & use to build up house site. Date: Okay to install 3 lines @ 110 Ft ea

Neighbor's Septic Repair

INITIAL SITE SKETCH



Scale: 1" = 50'

AS BUILT SKETCH

4 line @ 70 ft

INSTALLED AS DRAWN

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: Date: 3/7/13 Installed by: ABELNATHY

IMPROVEMENT PERMIT by: BS Date: 3/6/13 OPERATION PERMIT by: Date: 10-22-13

AUTHORIZATION TO CONSTRUCT by: BS Date: 3/6/13 Existing System Inspected by: Date:

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