IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210445

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

PIN # 4636426711.

APPLICANT: John Thompson / AKR Builders APPLICANT ADDRESS: 1796 Chelsea Place Drive Kernersville, NC 27284

SITE ADDRESS: 134 Oasis Drive Mooresville, NC PHONE: 336 345-1865 ALT. PHONE: 704 308-9183

SITE DIRECTIONS: Brawley School Rd TL Stotts Rd TR Poinsetta TL Oasis on right

SUBDIVISION: Stotts Cove SECTION: ___ LOT # 27/274 LOT AREA: .69 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Existing

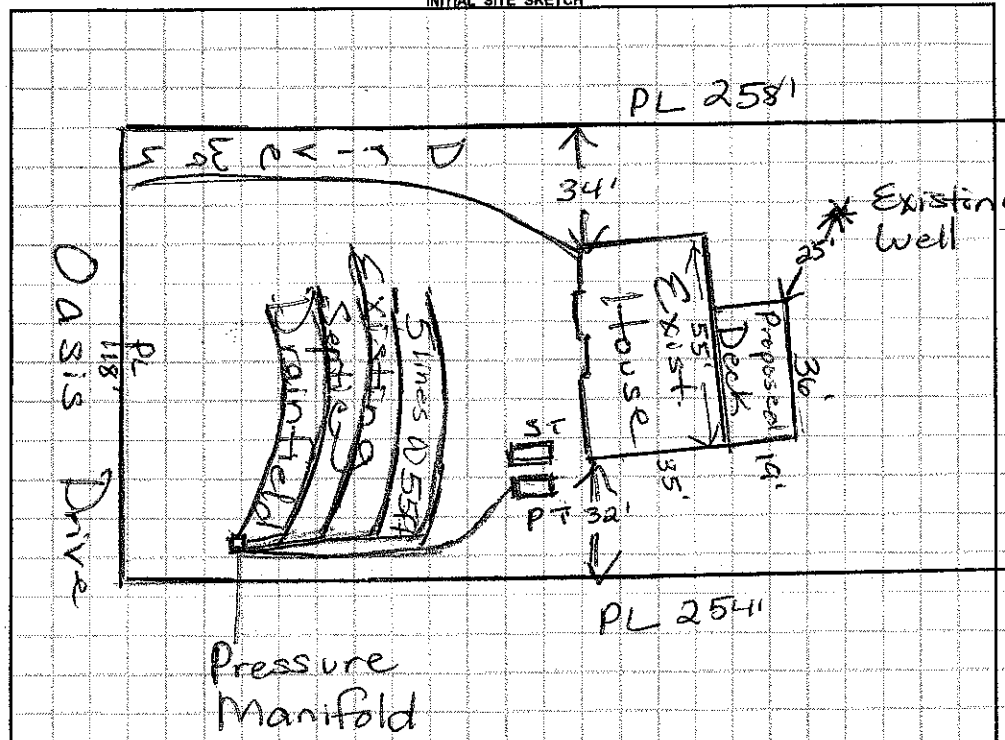
Septic Tank	1000 (gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	Exist. Pump-PM-Panel Block			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	Offsite Modified			☐ Other	No. Employees
# Nitrification Fields	1 # Lines	5	Linear Ft: 270'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36" Max. Trench Bottom Depth	30"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

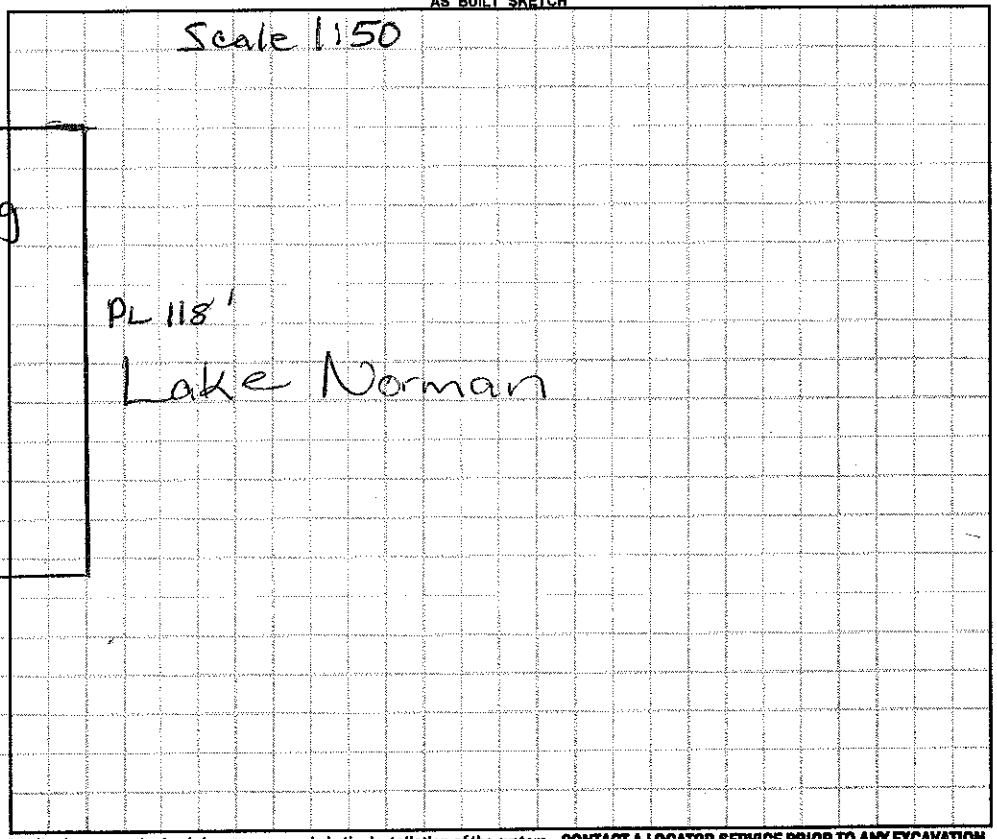
Comments / Conditions:

Proposed Deck meets setbacks to Septic & well
* Must keep Deck footers at least 25ft from well.

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: _____ Date: 6/30/15 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ RS Date: 6/18/15

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