IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203703 - Pool ✓ A/P

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

PIN # 4636-49-7754.000 208505 - Porch

APPLICANT: Nicholas Cauthreen APPLICANT ADDRESS: 176 Herons Gate Dr. Mooresville NC 28117

SITE ADDRESS: 176 Herons Gate Dr. Mooresville NC 28117 PHONE: 704-608-9829 ALT. PHONE:

SITE DIRECTIONS: BSR to Blume, TR Herons Gate, 6th House on R.

SUBDIVISION: Edgewater Park SECTION: P3 LOT # 58 LOT AREA: .704 DESIGN FLOW: 480 GPD L.T.A.R.: Existing

Septic Tank: Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms: 4	Water Supply: ☒ Private
Pump Tank: Existing (gal)	PT	Date	System Description: Existing 25% Red. FM	☐ Business	No. Persons: 8	☐ Public
Pump Make	Model	Serial #	Repair System Description: LPP/RPS	☐ Other	No. Employees	☐ Community
# Nitrification Fields: Ex. 2	# Lines: Ex. 10	Linear Ft: Ex. 500'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width: Ex. 36"	Max. Trench Bottom Depth: Existing	Gravel Depth: N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

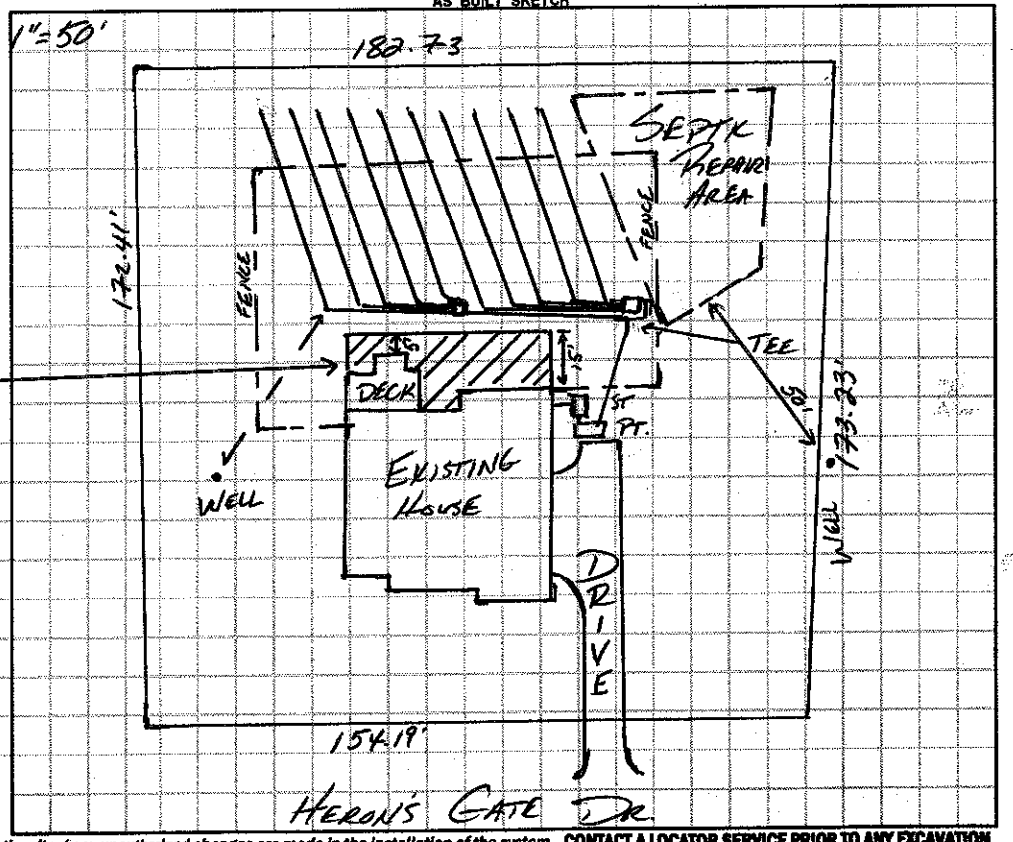
Comments / Conditions: System Observed To Be Functioning Properly At Time of Inspection.
Can Build 5' off Existing Deck Steps and 15' off Existing House Structure.

Remain 5' From Any Septic Components With Building Structures.

INITIAL SITE SKETCH

Proposed Addition For Closed In Porch.

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: 2/13/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED FEB 09 2015

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