WS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218396

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

PIN # 4636720 790V

APPLICANT: Brendt Garlick/Chris Zoellner APPLICANT ADDRESS: 175 Wood Stream Mooresville, NC 28117

SITE ADDRESS: 175 Wood Stream Cir Mooresville NC PHONE: ALT. PHONE: 704-746-1646

SITE DIRECTIONS: Brawley School Rd TL Stutts TL Wood Stream on left

SUBDIVISION: Norman Woods SECTION: — LOT # 28 LOT AREA: .4 Acre DESIGN FLOW: Exist. L.T.A.R.: —

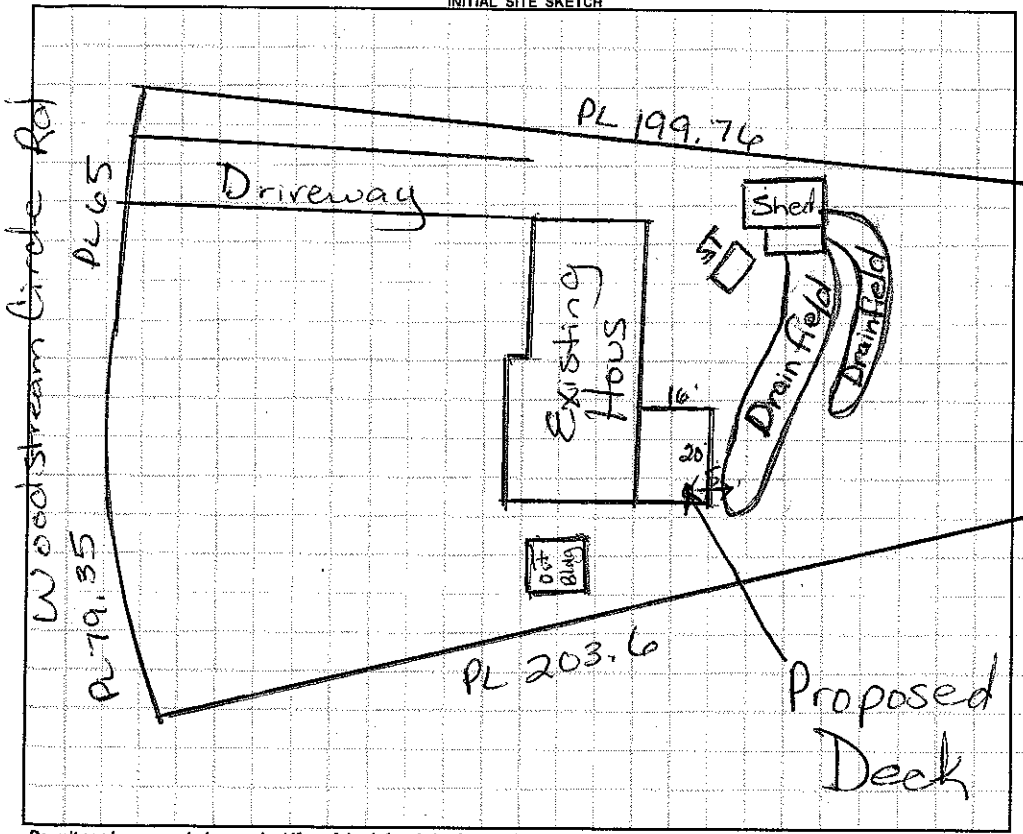
Septic Tank	Exist (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☐ Residence	No. Bedrooms		Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Existing Gravity Convent.	☐ Business	No. Persons		☒ Private
Pump Make	Model		Serial #	Repair System Description:	Exempted	☒ Other Screened	No. Employees		☐ Public
# Nitrification Fields	# Lines		Linear Ft:	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab Porch	☐ Crawl Space		☐ Community
Trench Width	Max. Trench Bottom Depth		Gravel Depth		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: A Note: Deck will be Cantilever So footers will be at least 5ft from Septic Drainfield

Must keep footers at least 5Ft From Septic & Can not Cover Septic System.

Note: Location of ST & drainfield by A.P.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Footer 5' from Septic

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: 7/20/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson RS Date: 7/18/16

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