IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2106806

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

PIN # 4636-73-8859

APPLICANT: Jerome Pearson APPLICANT ADDRESS: 224 Spring Run Dr. Mooresville, NC 28117

SITE ADDRESS: 224 Spring Run Drive Mooresville, NC 28117 PHONE: 336-337-1944 ALT. PHONE: 336-908-4496

SITE DIRECTIONS: BSR toward Lake Norman → Left on Canvasback → Right on Spring Run Dr → House on Left

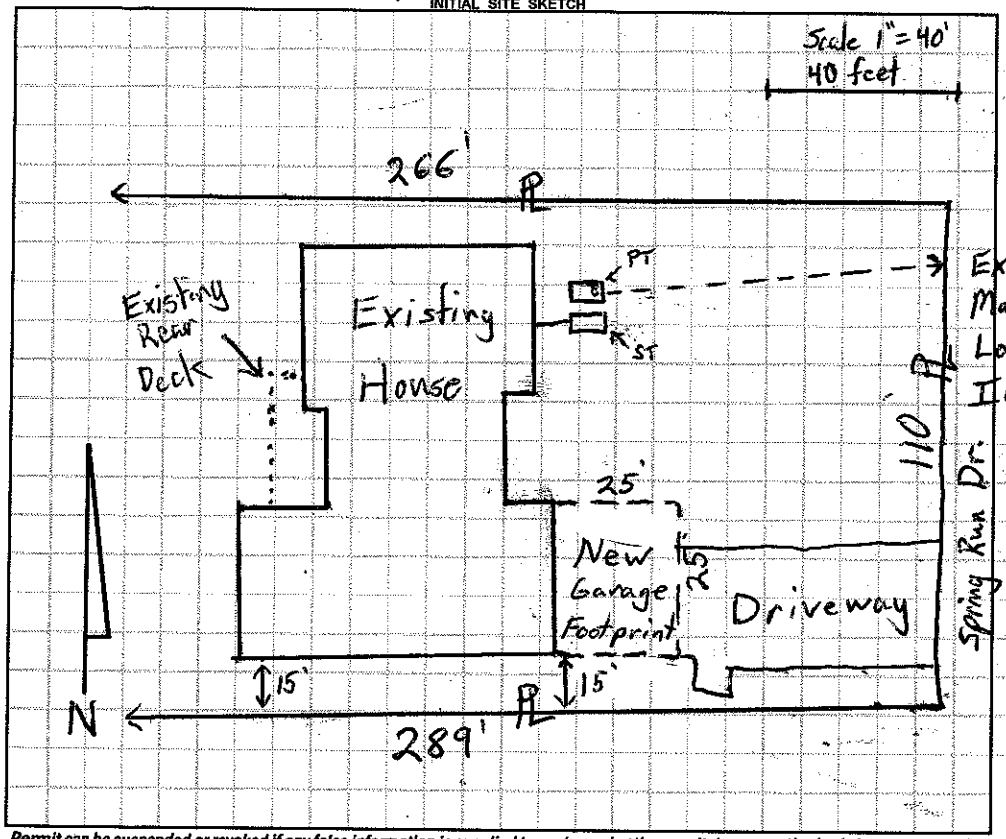
SUBDIVISION: Spring Run SECTION: — LOT # 12 LOT AREA: 0.68 acres DESIGN FLOW: 360 gal/day L.T.A.R.: Exist

Septic Tank	Ex (gal)	STB —	Date —	☐ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 3
Pump Tank	Ex (gal)	PT —	Date —	System Description: Existing				☐ Business	No. Persons 6
Pump Make	—	Model —	Serial # —	Repair System Description: —				☐ Other	No. Employees —
# Nitrification Fields	Ex	# Lines Ex	Linear Ft: Ex	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	Ex	Max. Trench Bottom Depth Ex	Gravel Depth —		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank / pump tank and servicing drainfield. Approval is for a 25'+25' attached garage. 3 Bedroom septic system capacity taken from Health Dept permit #000328 dated 7-22-1986.

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: Jerome Pearson Date: 4-13-14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: TS Thomas Shuck Date: 3-30-16

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