IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215655

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

PIN # 4637-02-9217

APPLICANT: G.W. Witherspoon Construction APPLICANT ADDRESS: 4693 Belick Rd. Claremont, NC

SITE ADDRESS: 162 Culpeze Road Mooresville, NC PHONE: 828-241-2939 ALT. PHONE: 828-312-4852

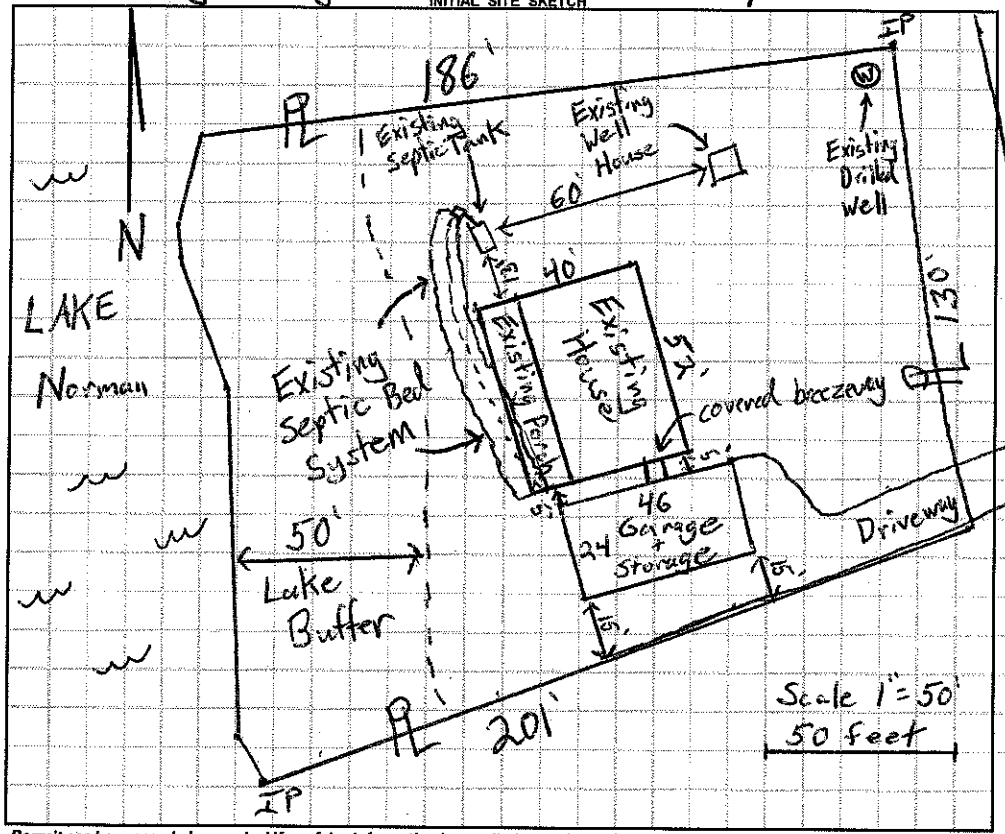
SITE DIRECTIONS: BSR towards Lake Norman → Right on Blume Rd → Left onto Beaten Path Rd → Right onto Culpeze Rd → On Left

SUBDIVISION: CL+T SECTION: 9 LOT # 136 LOT AREA: 0.68 acres DESIGN FLOW: 360 gal/day L.T.A.R.: —

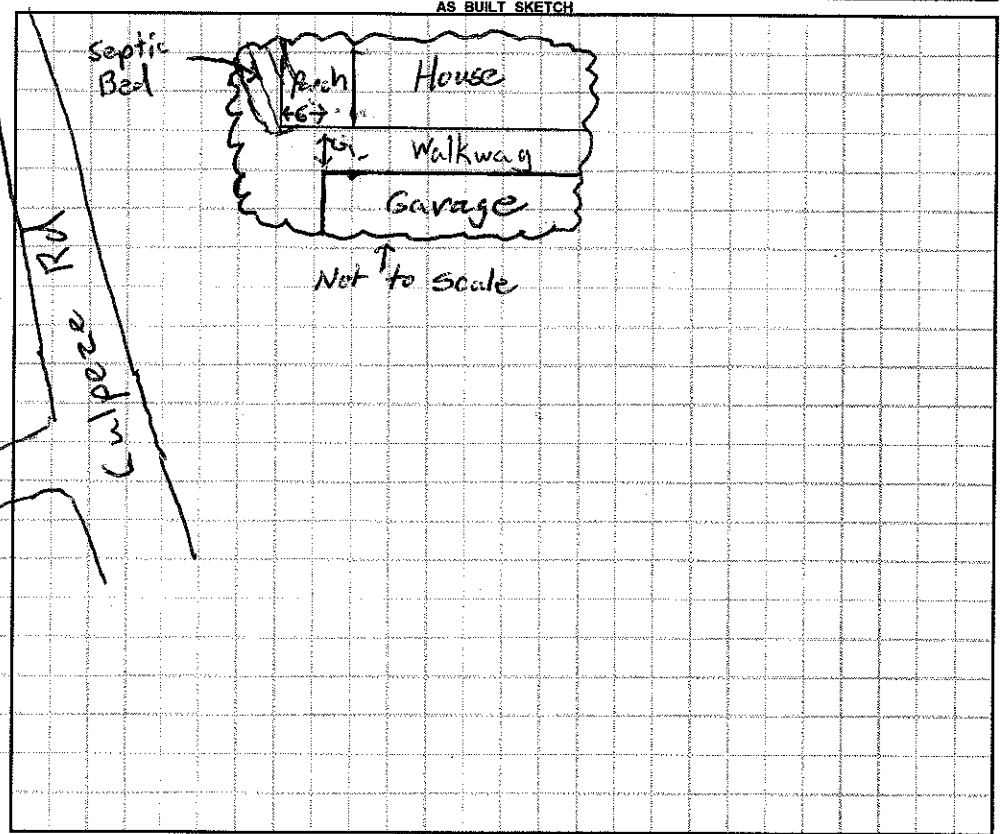
Septic Tank	Existing (gal)	STB —	Date Pre 3-27-80	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	— (gal)	PT —	Date —	System Description: Existing		☐ Business	No. Persons 6	☒ Private
Pump Make	—	Model —	Serial # —	Repair System Description: —	Repair Exempt	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines Existing	Linear Ft: Existing	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab [Garage]	☒ Crawl Space [Porch]	☐ Community
Trench Width	Existing	Max. Trench Bottom Depth Existing	Gravel Depth Existing		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Existing Drainfield/Bed is partially beneath an existing Porch addition with an unknown functional condition due to encumberances by piers + footings. Recommend pumping septic tank every 3-5 years + diverting all downspout drains away from sewage disposal system.

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: [signature] Date: 1-25-16 Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Tom Shuck Date: 1-15-16

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