IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 13116[illegible] PIN# 4637129496 DATE 11-7-05

OWNER OR APPLICANT Jeffrey Morse PHONE: Business _____ Home 704-799-1277

ADDRESS 172 Patternote Mooresville 28117

LOCATION Brawley Sch Rd. TR Blume TR Patternote on right

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 27 LOT AREA 1.16 ac SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: Existing Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____ ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Existing

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

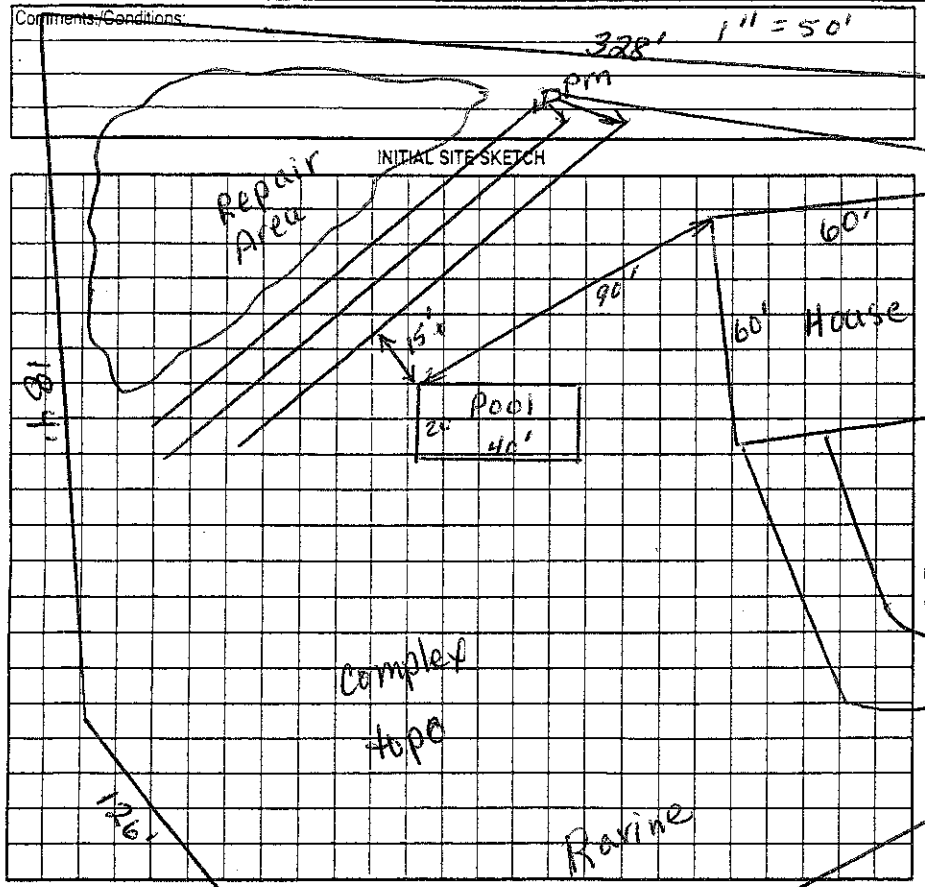
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

INITIAL SITE SKETCH

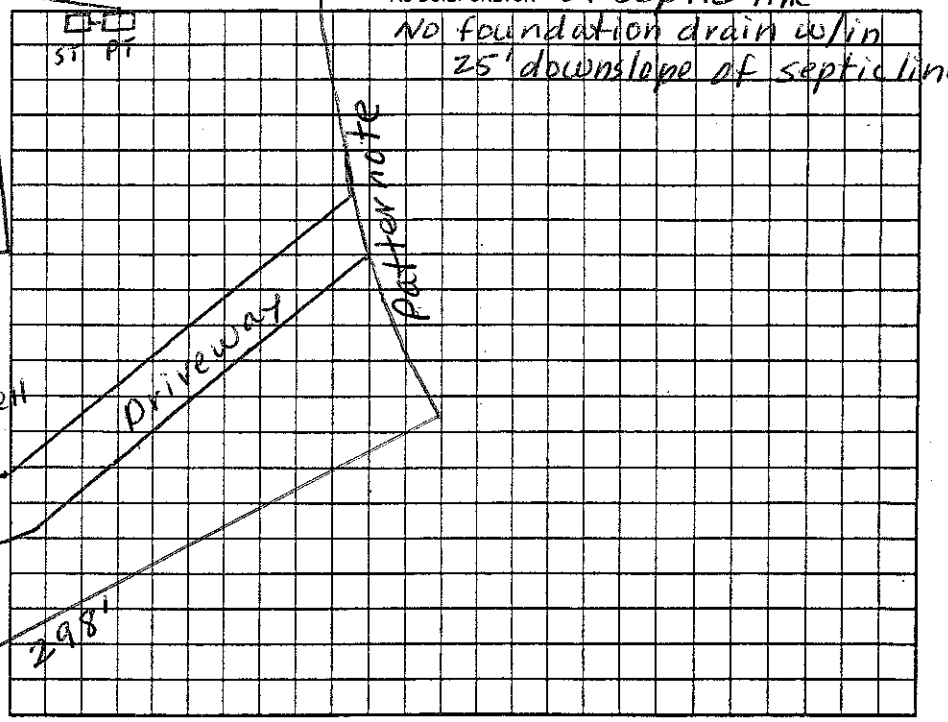


Comments:/Conditions: Pool Addition - move 8' from Where staked

Walkway not to be over septic line No vertical cut ≥ 2' w/in 15' of septic line

AS BUILT SKETCH

No foundation drain w/in 25' downslope of septic line



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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Judy McNeill date 11-8-05

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK