IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4637-32-6099

APPLICANT: Patti Betts APPLICANT ADDRESS: 121 Rolling Hill Rd, Suite 110 Mooresville NC 28117

SITE ADDRESS: 482 Oak Tree Rd Mooresville PHONE: 704-798-5959 ALT. PHONE:

SITE DIRECTIONS: Brawley Sch Rd, TR on Oak Tree Rd, Lot on Right

SUBDIVISION: CL&T SECTION: 9 LOT # 216 LOT AREA: 0.81ac DESIGN FLOW: 360gpd L.T.A.R.: 0.25-0.3

Septic Tank	EXISTING	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	1	# Lines	3		Linear Ft:	296					
Trench Width	36"	Max. Trench Bottom Depth	24"		Gravel Depth	N/A					

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

System Description: Gravity 25% Reduction

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3 — Water Supply: ☑ Private

☐ Business No. Persons 6 — ☐ Public

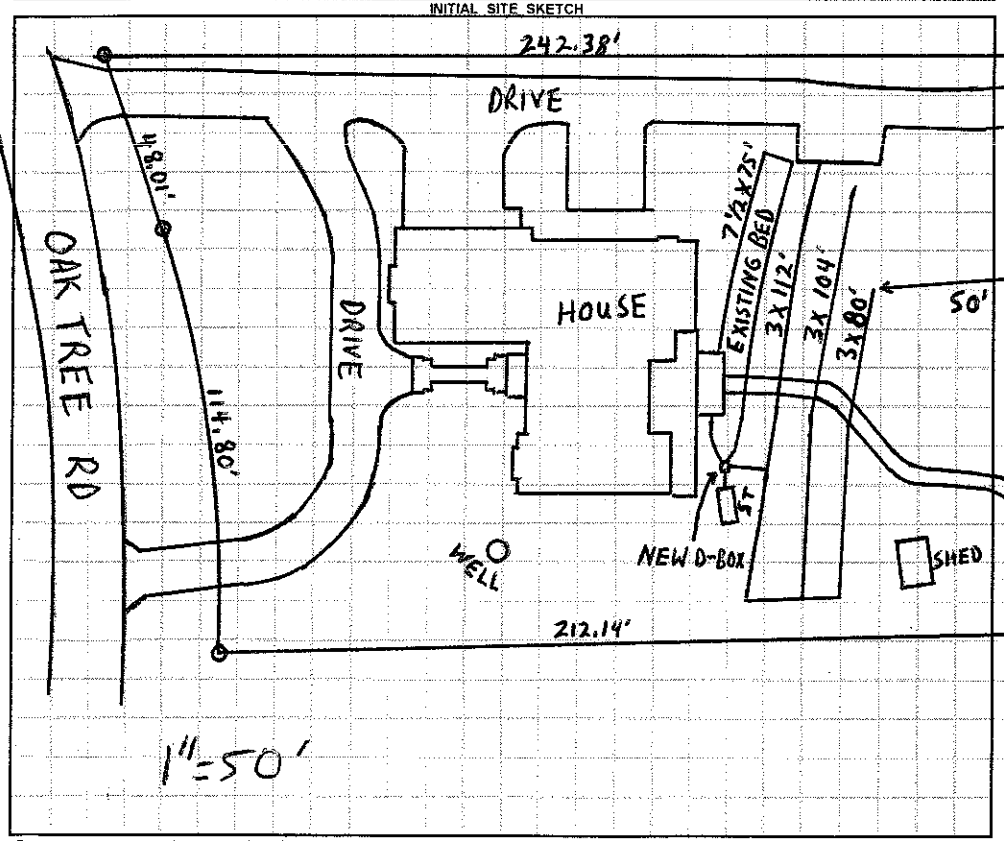
☐ Other No. Employees — ☐ Community

☐ Slab ☑ Crawl Space

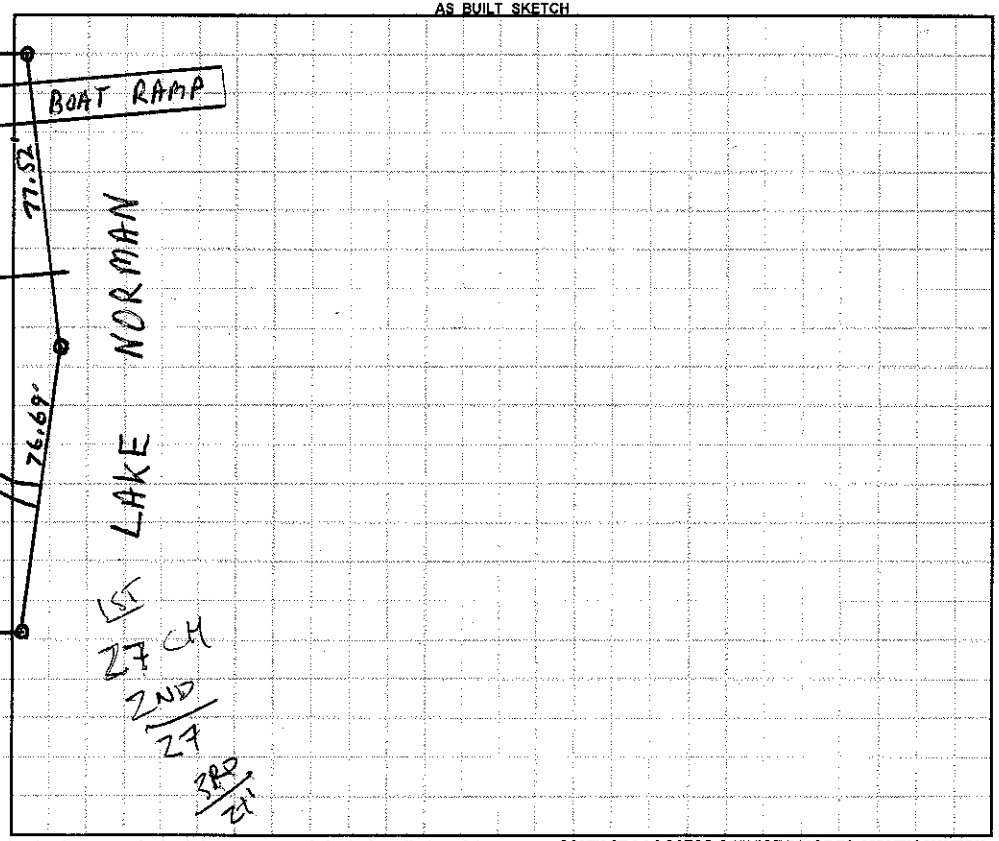
☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: BPJ, lines may need to be off contour some to fit as drawn, keep all lines out of 50' lake buffer

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: Date: Installed by: KANDY MELTON

IMPROVEMENT PERMIT by: Date: 1-7-14 OPERATION PERMIT by: Date: 1-22-14

AUTHORIZATION TO CONSTRUCT by: Date: 1-7-14 Existing System Inspected by: Date:

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