IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217925

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

PIN # 4637-35-2944

APPLICANT: Michael Joy APPLICANT ADDRESS: 315 Whippoorwill Rd Mooresville, NC

SITE ADDRESS: 315 Whippoorwill Rd. Mooresville, NC 28117 PHONE: 704-564-0998 ALT. PHONE:

SITE DIRECTIONS: Rt. 150 W → R L on Dooley Rd → R on Whippoorwill Rd → House on Left

SUBDIVISION: C L + T SECTION: 10 LOT # 41 LOT AREA: 0.7 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

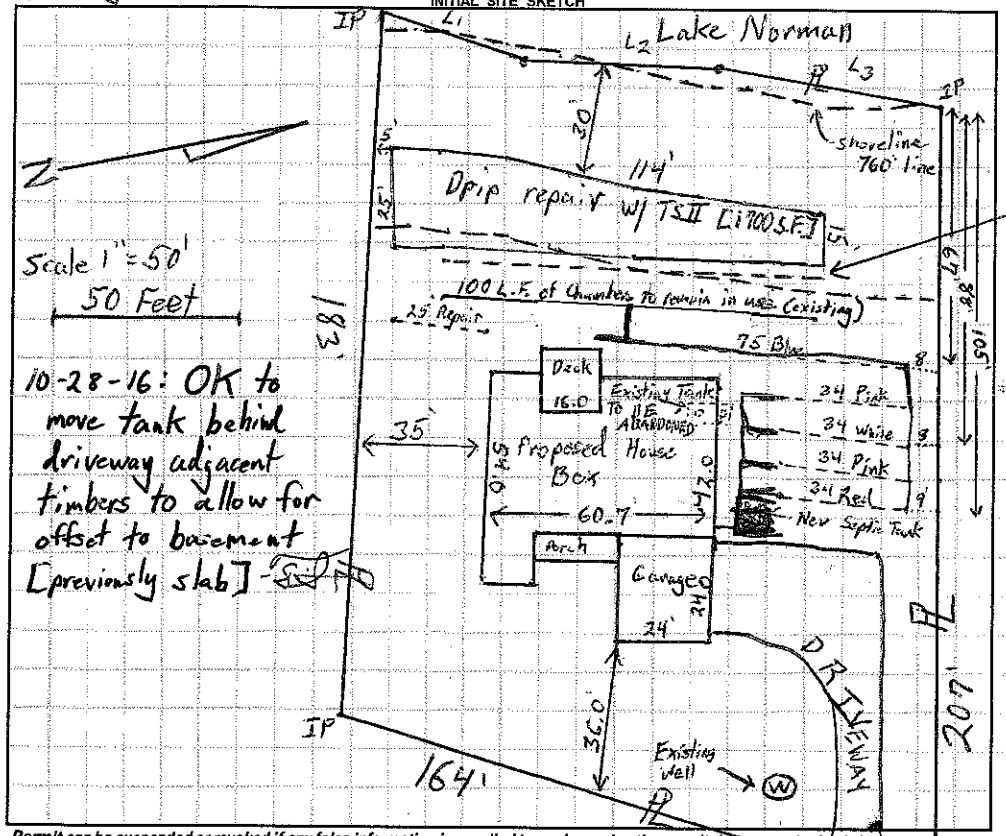
Septic Tank	1000 (gal)	STB	760	Date	7/20/16	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT		Date		System Description: 25% Reduction to existing chamber lines		☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description: 2@ PPBFS + 25% Reduction to Existing Chamber + Drip TS II		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	211	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	32"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C septic rules. Abandon existing tank by pumping then crushing in place. Install 211 L.F of 25% reduction line + disconnect existing lower line extending into 50' buffer + set aside for repair. Recommend pumping septic tank every 3-5 years.

* - Future drip + 100' line of chambers must have 2' of separation between chambers + drip emitters and be supplied by a TS II effluent quality source (ATU)

INITIAL SITE SKETCH



AS BUILT SKETCH

100 L.F. of Existing Chambers to be disconnected + set aside for repair purposes.

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: Michael Joy Date: 6-10-16 Installed by: Mountaineer

IMPROVEMENT PERMIT by: Tom Shuck Date: 6-10-16 OPERATION PERMIT by: M Sparks Date: 10/31/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6-10-16 Existing System Inspected by: Date:

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