IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205996

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

PIN # 4637-40-9222.000

APPLICANT: Pam Sieckhaus APPLICANT ADDRESS: 123 Egrets Walk Pt. Mooresville NC

SITE ADDRESS: 123 Egrets Walk Pt. Mooresville NC PHONE: 704-577-1479 ALT. PHONE: 704-821-3269

SITE DIRECTIONS: BSR, TR Blume, TR Herons Gate, TR Egrets Walk

SUBDIVISION: Edgewater Park SECTION: 3 LOT # 48 LOT AREA: 1 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .25-.3 Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 Ex. # Lines Ex 5 Linear Ft: Ex.

Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth Ex.

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

System Description: Existing

Repair System Description: Loopers

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System Appeared To Be Functioning Properly At Time Of Inspection. - This Permit Is For The Addition Of A 4' Expansion Of The Existing Deck. Maintain 5' From Septic And Components With Any Building Structure / Foundation.

INITIAL SITE SKETCH

Egrets Walk Pt

AS BUILT SKETCH

1" = 40'

335.10'

Fence

Repair Tree

Driveway

50'

56'

Lot

74'

89'

Existing House

5'

10'

Curb

Septic Repair

Well

4'

SP

Fence

309.92'

Existing Deck

Deck Addition

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 plot 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: 4-17-2015 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 3/16/15

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