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IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 214714

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

PIN # 4637-46-3007.000

APPLICANT: Gerald Jackson | APPLICANT ADDRESS: 159 Kingfisher Mooresville NC 28117

SITE ADDRESS: 159 Kingfisher Dr. Mooresville NC | PHONE: 714-493-9295 | ALT. PHONE:

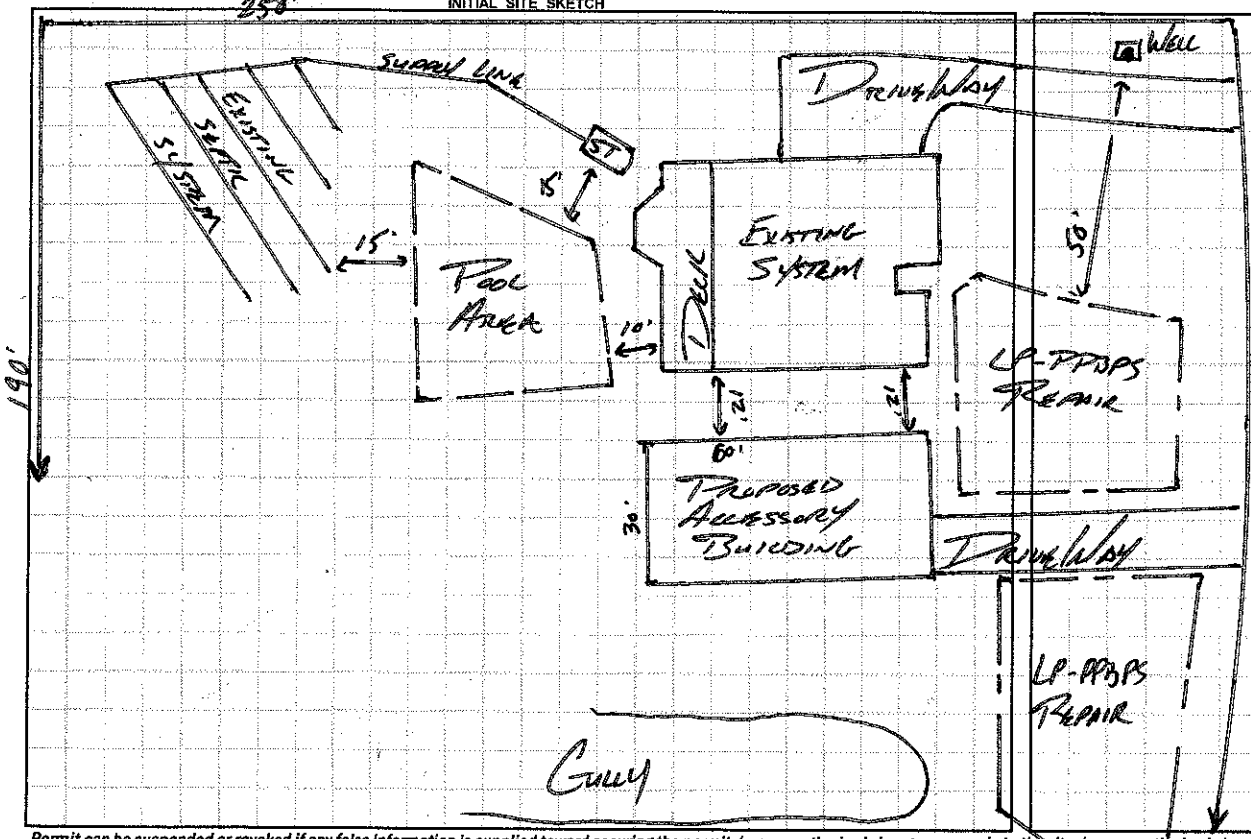
SITE DIRECTIONS: Hwy 150 To Davis Rd, TR Whippoorwill, TR Kingfisher, Site @ End on L

SUBDIVISION: Whippoorwill Woods | SECTION: 1 | LOT # 20 | LOT AREA: 1.160 Acre | DESIGN FLOW: 360 GPD | L.T.A.R.: Existing 1.3 Ac

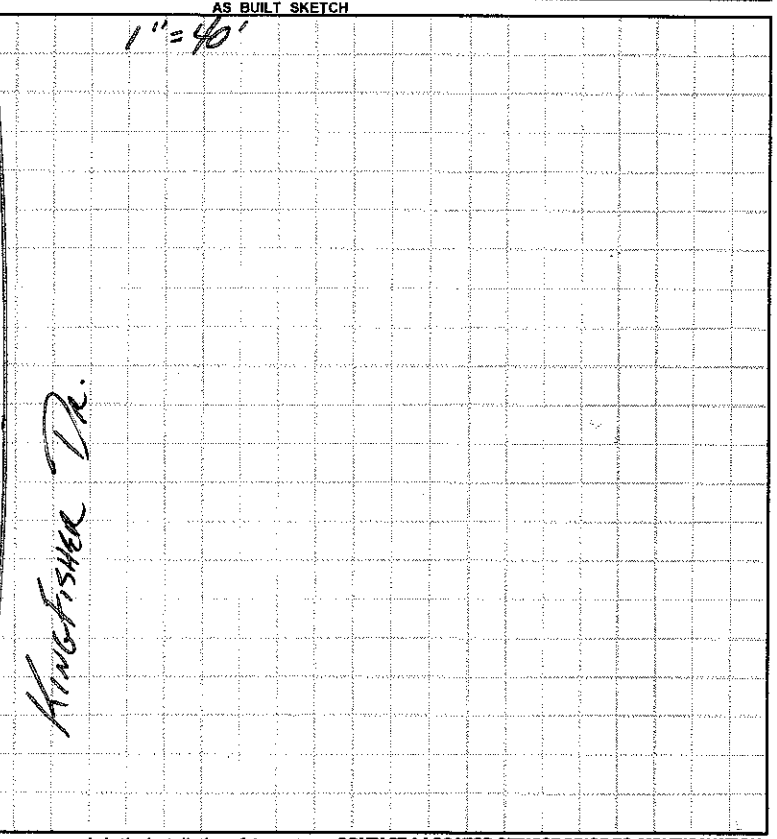
Septic Tank: Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms: 3	Water Supply: ☒ Private
Pump Tank (gal)	PT	Date	System Description: PPBPS - Gravity		☐ Business	No. Persons: 6	☐ Public
Pump Make	Model	Serial #	Repair System Description: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

Comments / Conditions: Existing System Approved To Be Functioning @ Time of Inspection. Repair Area Relocated.

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: 12-15-15 Installed by: _____

IMPROVEMENT PERMIT by: _____ APPROVED Date: DEC 10 2015 OPERATION PERMIT by: _____ APPROVED Date: DEC 10 2015

AUTHORIZATION TO CONSTRUCT by: _____ Date: APPROVED DEC 10 2015 Existing System Inspected by: _____ Date: _____

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