IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 218953

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

PIN # 4637-55-1297

APPLICANT: Todd Canestraro | APPLICANT ADDRESS: 300 Doolie Rd Mooresville, NC 28117

SITE ADDRESS: 300 Doolie Rd Mooresville, NC 28117 | PHONE: 704-507-3727 | ALT. PHONE:

SITE DIRECTIONS: Rt 150 W → Left on Doolie Rd → House on Right

SUBDIVISION: CL+T | SECTION: 10 | LOT # 1169 | LOT AREA: 1.55 acres | DESIGN FLOW: 360 gpd | L.T.A.R.:

Septic Tank	1000 Ex (gal)	STB	Existing	Date	Existing
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1 Ea	# Lines	4 Existing	Linear Ft:	
Trench Width	36" Ex	Max. Trench Bottom Depth	Existing	Gravel Depth	Existing

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

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

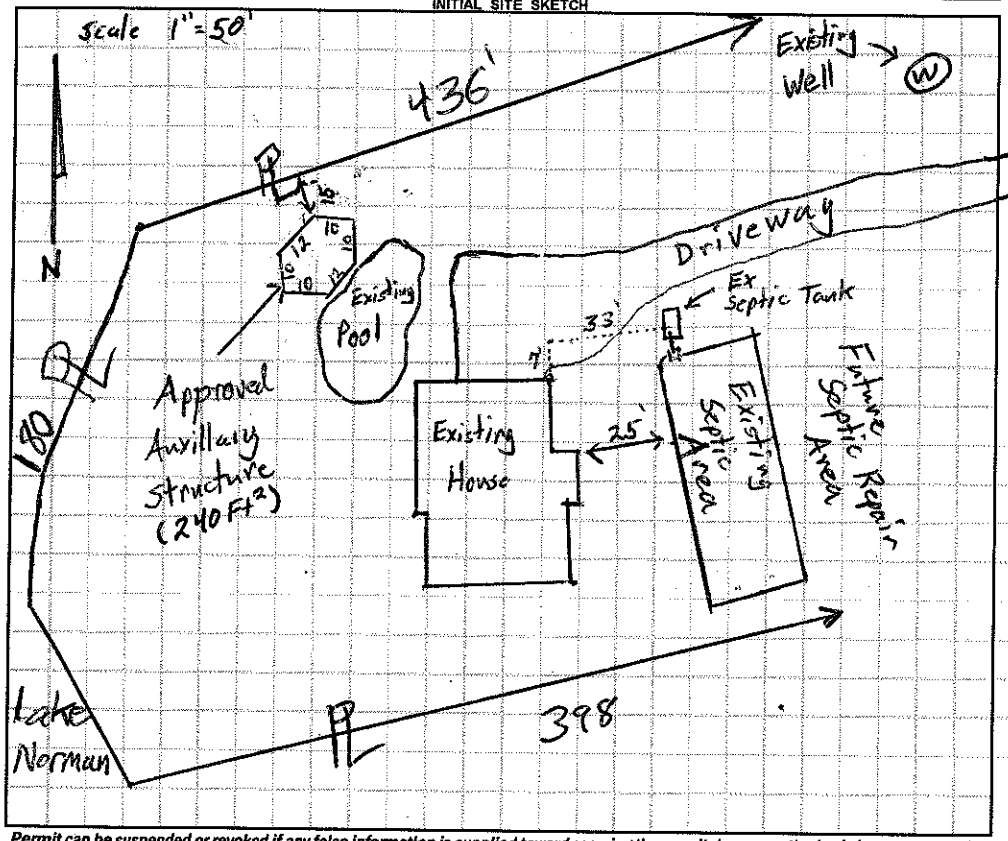
No. Bedrooms: 3 | No. Persons: 6 | No. Employees: | ☐ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: System appeared to be functioning properly @ time of site evaluation. Approval is for a 12×10×10×12×10×10 structure near pool. Recommend pumping septic tank every 3-5 years.

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: Todd Canestraro | Date: 10/7/16 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Tom Shuck | Date: 6/27/16

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