IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5306 Mooresville Office (704) 660-3625 PERMIT # 213583

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

PIN # 4638 18 1089

APPLICANT: Chad Goodin Signature Homes APPLICANT ADDRESS: 915 River Hwy Mooresville, NC 28117

SITE ADDRESS: 1213 Fern Hill Rd Mooresville, NC 28117 PHONE: ALT. PHONE: 704 664-3499

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill Rd on left just past 2nd Kenway Lp

SUBDIVISION: CN & T SECTION: 15 LOT # 1013 LOT AREA: 2.156 Ac. DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 @ 90' Linear Ft: 360'

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth —

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

System Description: Exist. Gravity - 25% Reduction

Repair System Description: Pump & Modified Convent.

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☒ Other Art Studio No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

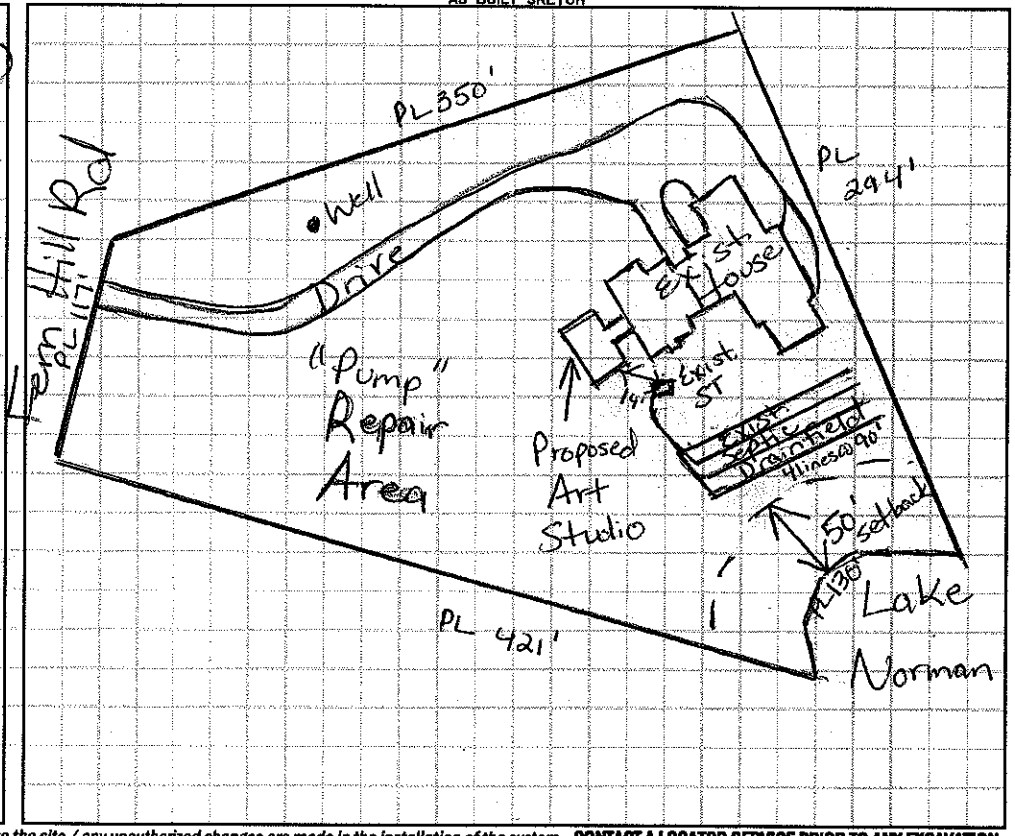
Comments / Conditions: Must keep addition at least 5ft from Septic System.
Note: Divert all Stormwater away from Septic System.

The proposed "Art Studio" addition does not appear to impact the existing Septic System

INITIAL SITE SKETCH

Scale 1:100

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: 10/27/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson RS Date: 10/24/15

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