ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # OSWP 2023 23120

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

PIN # 4638 -- 43 -- 4590

APPLICANT/OWNER: Robert Dunn | APPLICANT ADDRESS: 219 Quiet Cove Rd Mooresville NC 28117

SITE ADDRESS: 444 Normandy Rd Mooresville NC 28117 | PHONE: 631 827 4776 | ALT. PHONE —

SITE DIRECTIONS: Perth Rd → (R) on Normandy → site on (R) | SAP CONTROLLED: ☐ YES ☐ NO

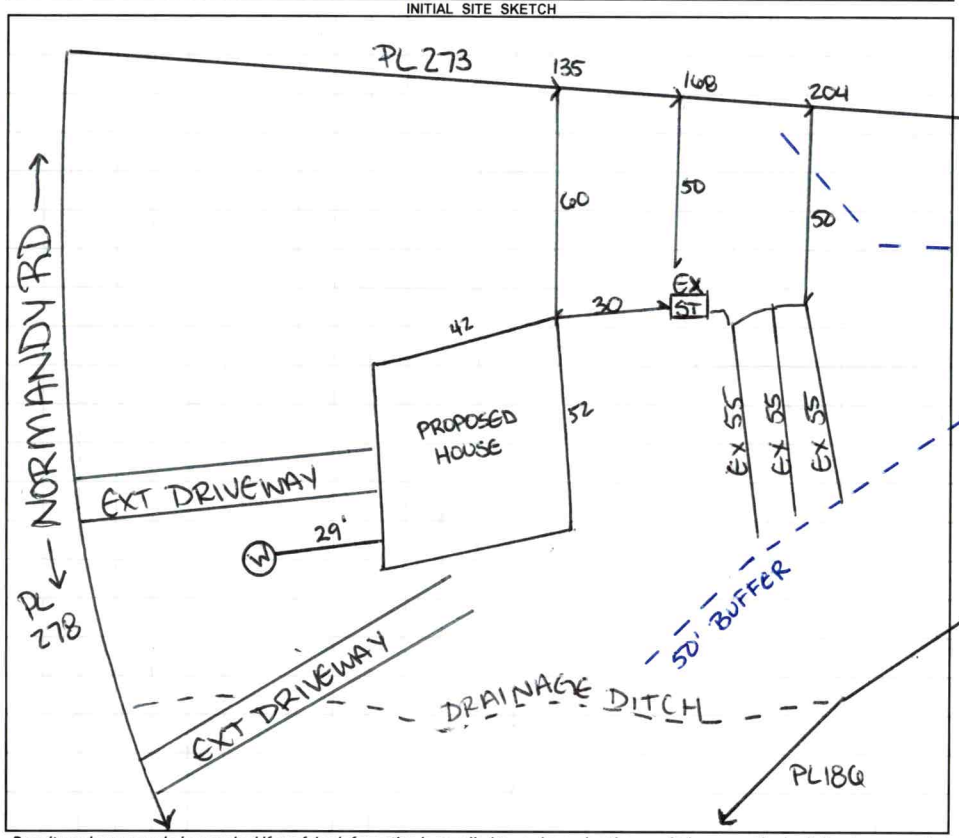
SUBDIVISION: CL+T | SECTION: 11 | LOT # 119 | LOT AREA: 1.35 | DESIGN FLOW: 240 | L.T.A.R.: EXISTING

Septic Tank EXISTING (gal) STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence No. Bedrooms 2
Pump Tank (gal) PT	Date	System Description: EXISTING	☐ Business No. Persons 4
Pump Make Model	Serial #	Repair System Description: EXISTING	☐ Other No. Employees
# Nitrification Fields # Lines	Linear Ft	Maintenance Agreement Required: ☐ YES ☐ NO	☒ Slab ☐ Crawl Space
Trench Width — Trench Bottom Depth(Low side) —	Gravel Depth —	☐ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

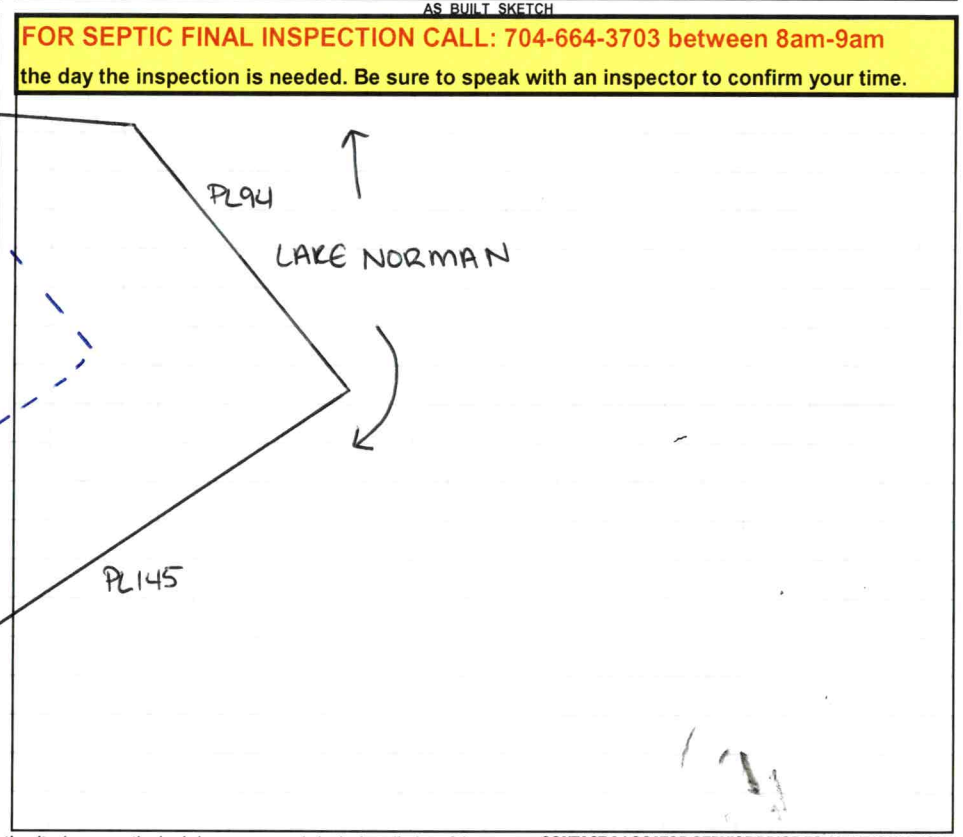
Comments / Conditions: System functioning properly at time of inspection. Keep all buildings/slab 10'+ from system.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Sarah Williams Date: 4/20/2023

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