IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 144968 PIN# 4638767859 DATE 9-17-07

OWNER OR APPLICANT Philip & Sharon Cook PHONE: Business _____ Home _____

ADDRESS 125 Whimbrel Lane Mooresville NC 28117

LOCATION Hwy 150 W TR Perth TL Whimbrel at end

SUBDIVISION Harborview BLOCK / SECTION 4 LOT 9 LOT AREA 1.165 Ac SITE CLASS. P3 DESIGN FLOW 90 gpd* L.T.A.R. .3 gpd/ft²

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 88

No Lines 2@44' Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: 25% reduction gravity

Repair System Description: 25% reduction gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons 6

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☒ Community

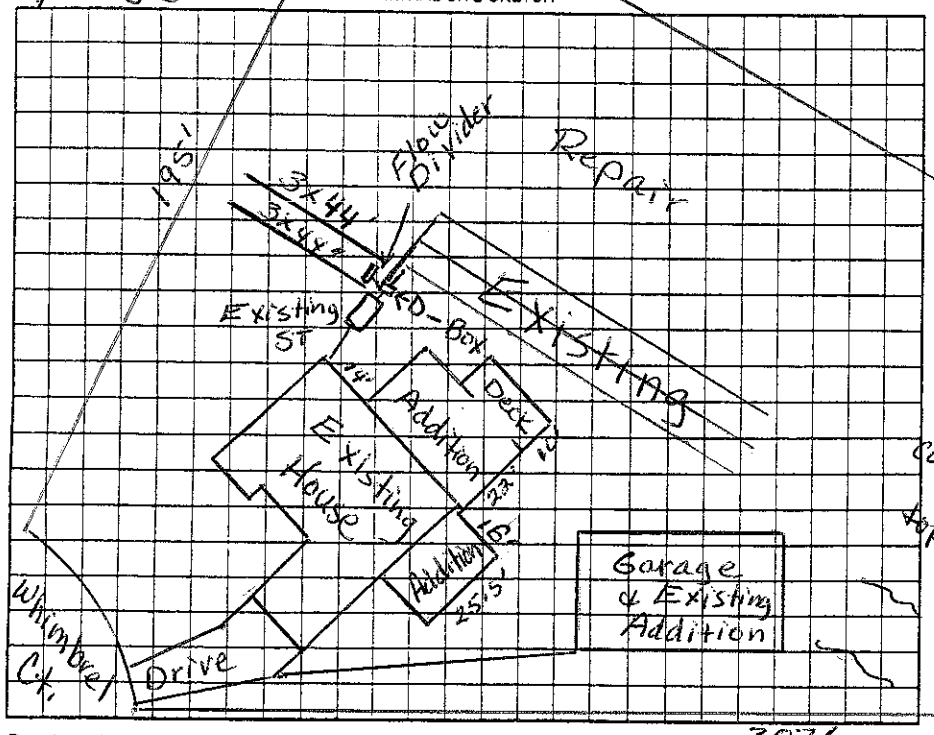
Gravel Depth NA ☒ Gravity ☐ Pressure ☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:
- Abandon top existing line
- Replace D-Box
- Add speed levelers to all lines
- Add flow divider for 2 new lines

Comments/Conditions: * Relocation of one existing line

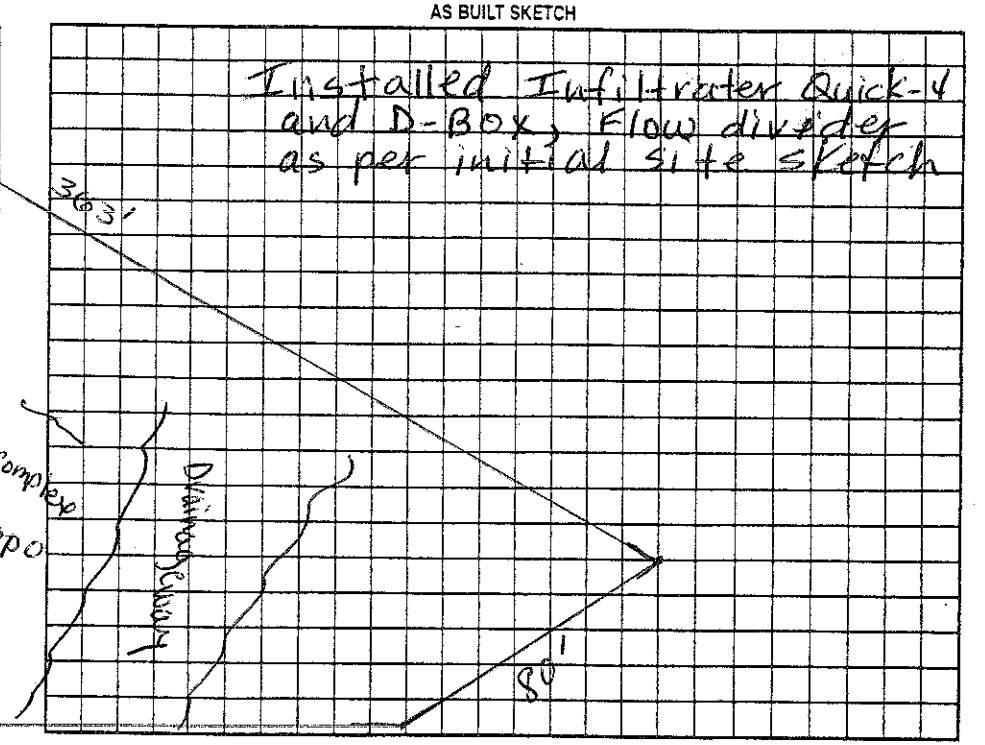
1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Infiltrator Quick-4 and D-Box, Flow divider as per initial site 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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date _____

Improvement Permit by: Judy Melville date 9-17-07

Authorization to Construct by: Judy Melville date 9-17-07

Installed by: R+H

Operation Permit by: Judy Melville date 9-19-07

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK