IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (RA) | PERMIT # 221056

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

PIN # 4638961429

APPLICANT: Rowland Development | APPLICANT ADDRESS: 2231 Highway 152E Mooresville, NC 28023

SITE ADDRESS: 391 Wilson Lake Rd Mooresville, NC 28117 | PHONE: 704202-1176 | ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TR 1st traffic light @ Lakeshore School TL Wilson Lake Rd House @ end

SUBDIVISION: C L & T | SECTION: II | LOT # 1082 | LOT AREA: .83 Ac | DESIGN FLOW: 360gpd | L.T.A.R.:

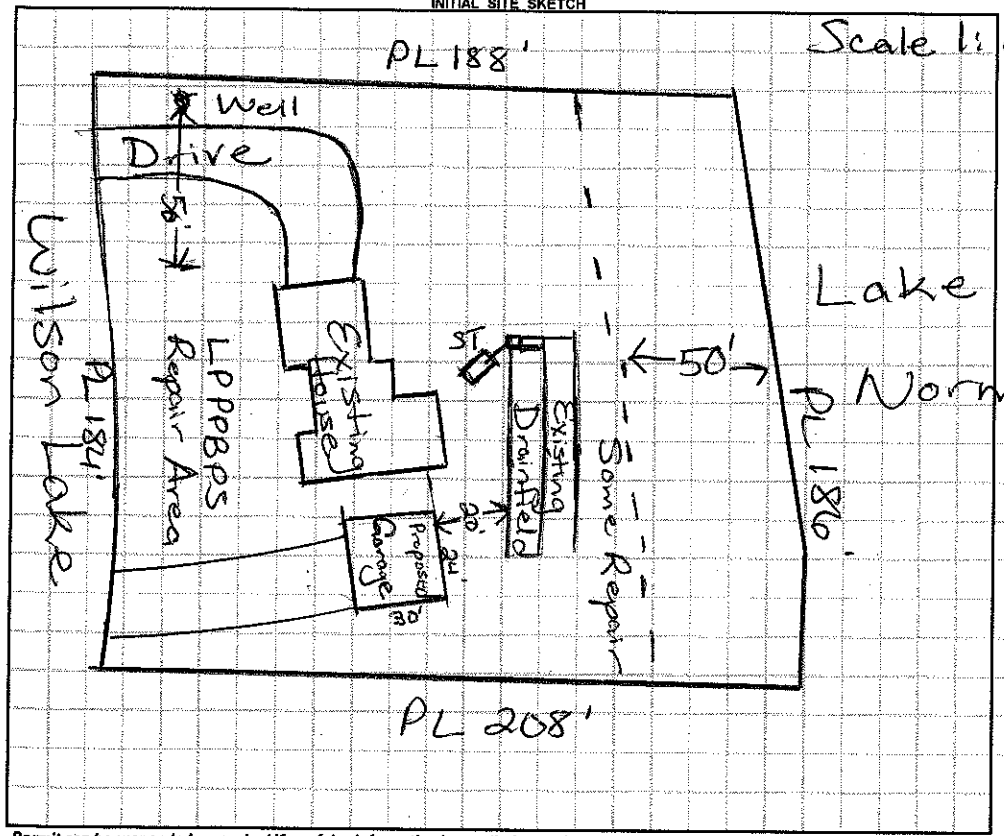
Septic Tank	1250 (gal)	STB		Date		☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Exist. Gravity PPBPS			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	Existing	Max Trench Bottom Depth		Gravel Depth			☐ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing Septic System appears to be functioning OK at time of inspection.

The proposed garage addition should not impact the existing Septic System.

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: 9-30-16 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Maria Dotson RS Date: 9/26/16

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