IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # Repair PIN # ~~4639102180~~ 4639102180 DATE 6/15/09

OWNER or APPLICANT Ron Ivester PHONE: Business 704.880.6528 Home: Same

OWNER or APPLICANT ADDRESS 117 Quail Ln Mooresville, NC

LOCATION / DIRECTIONS Perth N, TL Fern Hill, TR Periwinkle, TR Quail, end

SUBDIVISION CL & T BLOCK / SECTION 15 LOT # 145 LOT AREA 0.78ac DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank 1000 Gallons: STB 760 Date 1/09

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 3 Linear Feet 67

Trench Width ~~36"~~ 24" Max. Trench Bottom Depth 36" Gravel Depth ____

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

System Description: gravity penal

Repair System Description: same

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

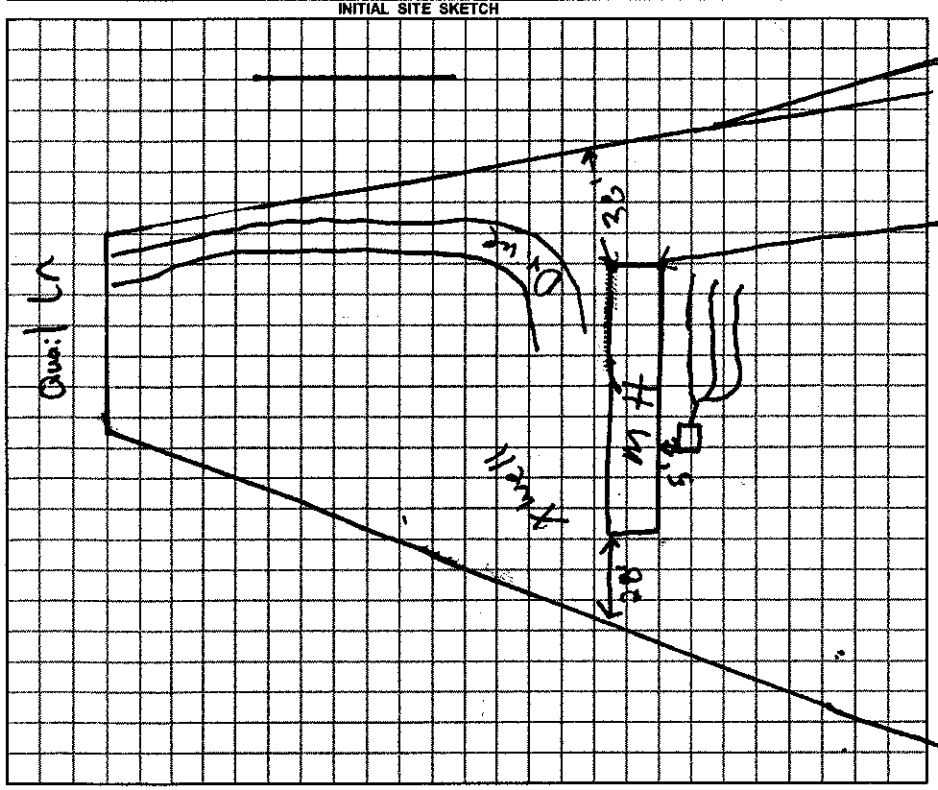
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

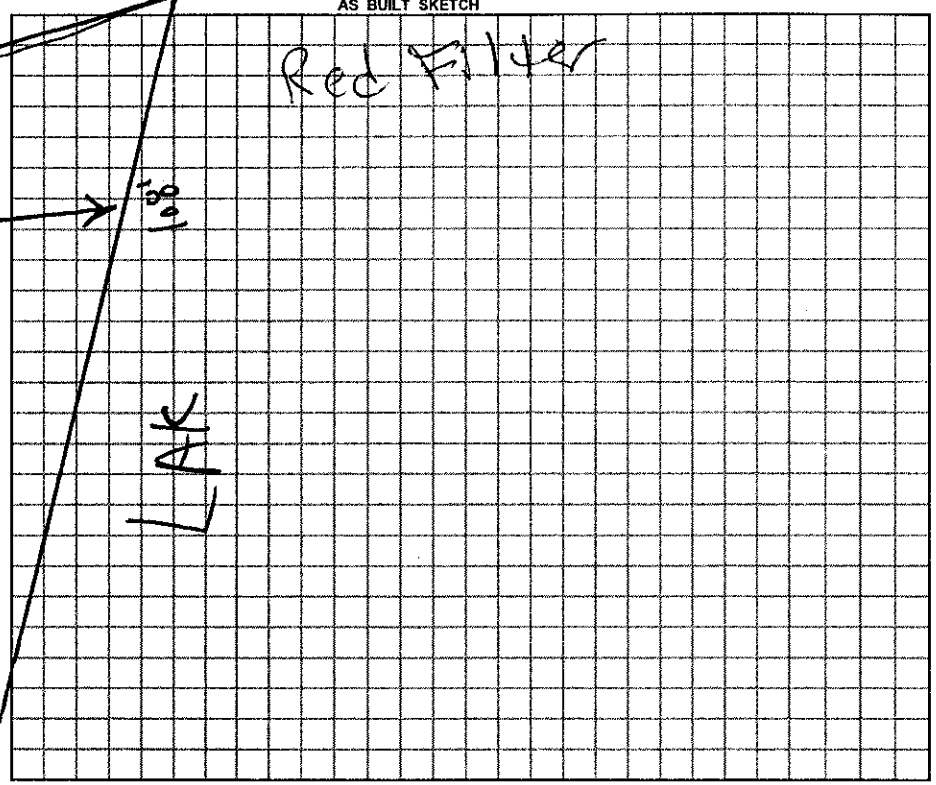
Comments / Conditions
* If no grading to be done trench
raised tank to be used
* Install tank in old tank location

Comments / Conditions
* Repair permit only
* must have site evaluated & review house plan for existing inspection to build new house

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Dennis Gallihan Date 6-15-09 Installed by: A-1

Improvement Permit by: [signature] Date 6/15/09 Operation Permit by: [signature] Date: 7/14/09

Authorization to Construct by: [signature] Date 6/15/09 Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant