IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214628 / 214208

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

PIN # 4639-31-1518.000

APPLICANT: DEO LLC APPLICANT ADDRESS: PO Box 1529 6888 Summer Hill Dr. Denver NC 28037

SITE ADDRESS: 133 Trent Pines Dr. Mooresville NC PHONE: 704-733-8831 ALT. PHONE: 704-508-1496 *

SITE DIRECTIONS: Hwy 150 To Perth, R Fern Hill, R Trent Pines, Site on L

SUBDIVISION: Woodleaf SECTION: II LOT # 72 LOT AREA: .992 Acre DESIGN FLOW: Ex 480 GPD L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB		Date						
Pump Tank	Existing	(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	Ex		# Lines	Ex	Linear Ft:	Ex					
Trench Width	Ex		Max. Trench Bottom Depth	Ex	Gravel Depth	N/A					

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

System Description: Existing LP-PPBPS

Repair System Description: LP-PPBPS

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms Ex 4

☐ Business No. Persons Ex 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☒ Private

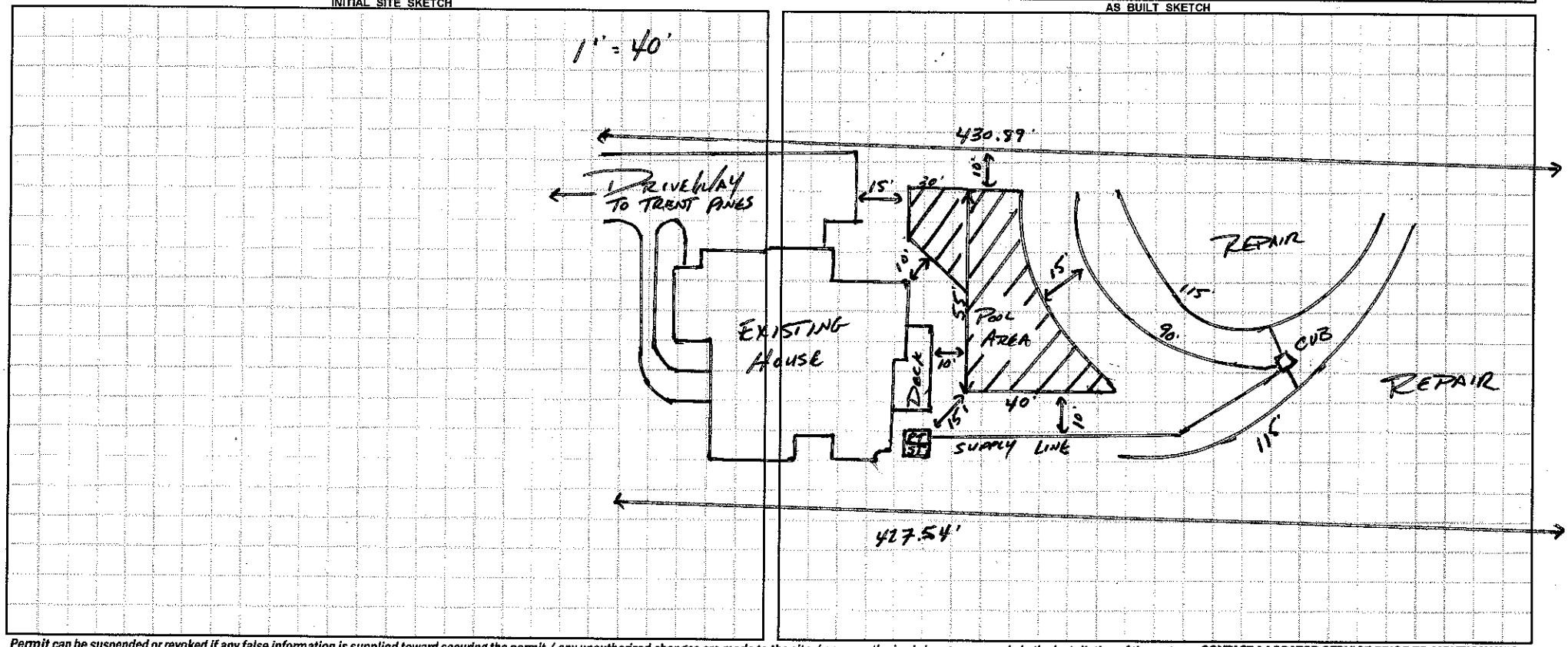
☐ Public

☐ Community

Comments / Conditions: Existing System Appeared To Be Functioning @ Time of Inspection. Maintain 15' From Drainfield & Tanks w/ Pool And 10' From Supply Line.

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: 11-30-15 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ APPROVED NOV 23 2015

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