IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 215173

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

PIN # 4639-62-3196 ✓

APPLICANT: John & Koenig | APPLICANT ADDRESS: 156 Bay Shore Loop Mooresville, NC 28117

SITE ADDRESS: 156 Bay Shore Loop Mooresville NC 28117 | PHONE: 518-459-3233 | ALT. PHONE:

SITE DIRECTIONS: Perth Rd (N), TL onto Livia Lane, TR onto Bay Crossing Dr, TL onto Bay Shore Loop (1st). House on Right

SUBDIVISION: Bay Crossing | SECTION: | LOT # 95 | LOT AREA: 0.71 acres | DESIGN FLOW: 480 gal/day | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	528	Date	8-18-06	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing - 25% Reduction Chambers
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LP PPBPS
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Max. Trench Bottom Depth	36	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE

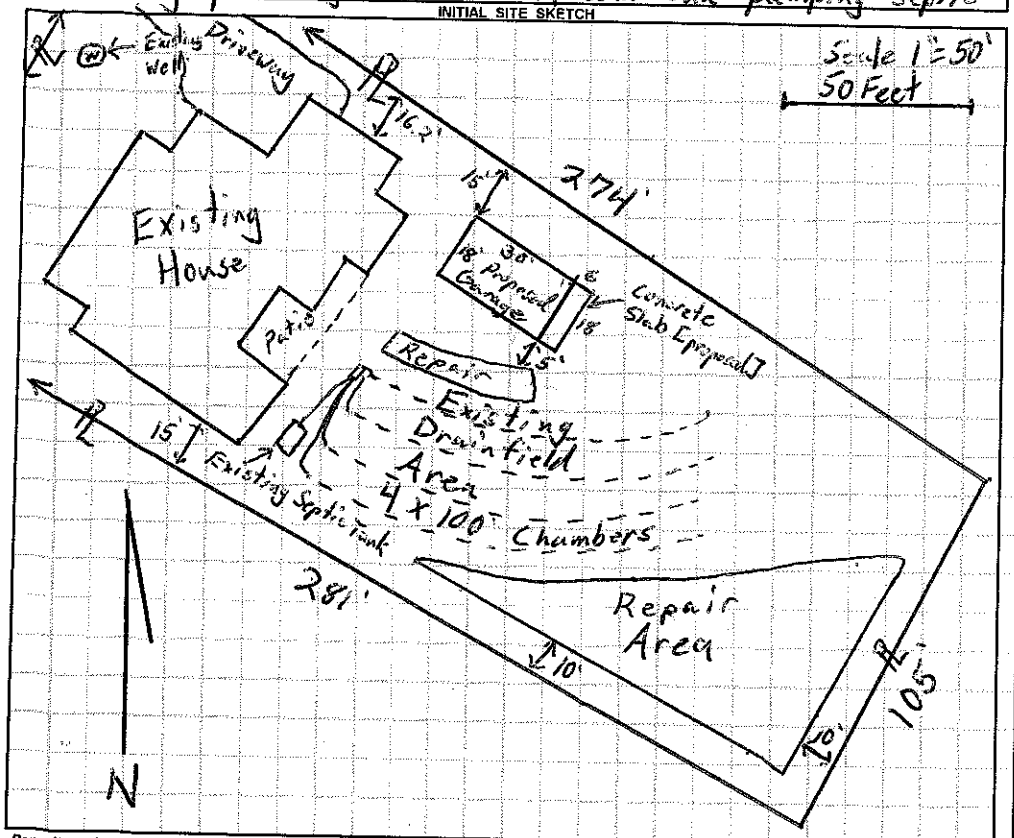
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees — | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing system. Recommend re-routing house downspout draining away from septic tank and other septic system components. The 30'x18' proposed garage shall not have any plumbing fixtures. Recommend pumping septic tank every 3-5 years. Any deviation in the improvements size or location from the 11-30-15 submission plat voids this approval.

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: John Koenig Date: 12/31/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 12-31-15

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