IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215314

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

PIN # 4639-93-9344

APPLICANT: Nicholas Speed APPLICANT ADDRESS: Old Hickory Construction

SITE ADDRESS: 117 Abbeville Lane Mooresville, NC 28117 PHONE: 704-775-0851 ALT. PHONE:

SITE DIRECTIONS: Perth Rd North → Left into Bells Crossing → Left on San Augustine → Right onto Abbeville → Residence on Left

SUBDIVISION: Bells Crossing SECTION: 3 LOT # 121 LOT AREA: 1.27 acres DESIGN FLOW: 600 gal/day L.T.A.R.: 0.3 (existing)

Septic Tank 1250 (gal) STB 299 Date 7-31 (15)
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 6 (existing) Linear Ft: 500
Trench Width 36 Max. Trench Bottom Depth 26" (existing) Gravel Depth —

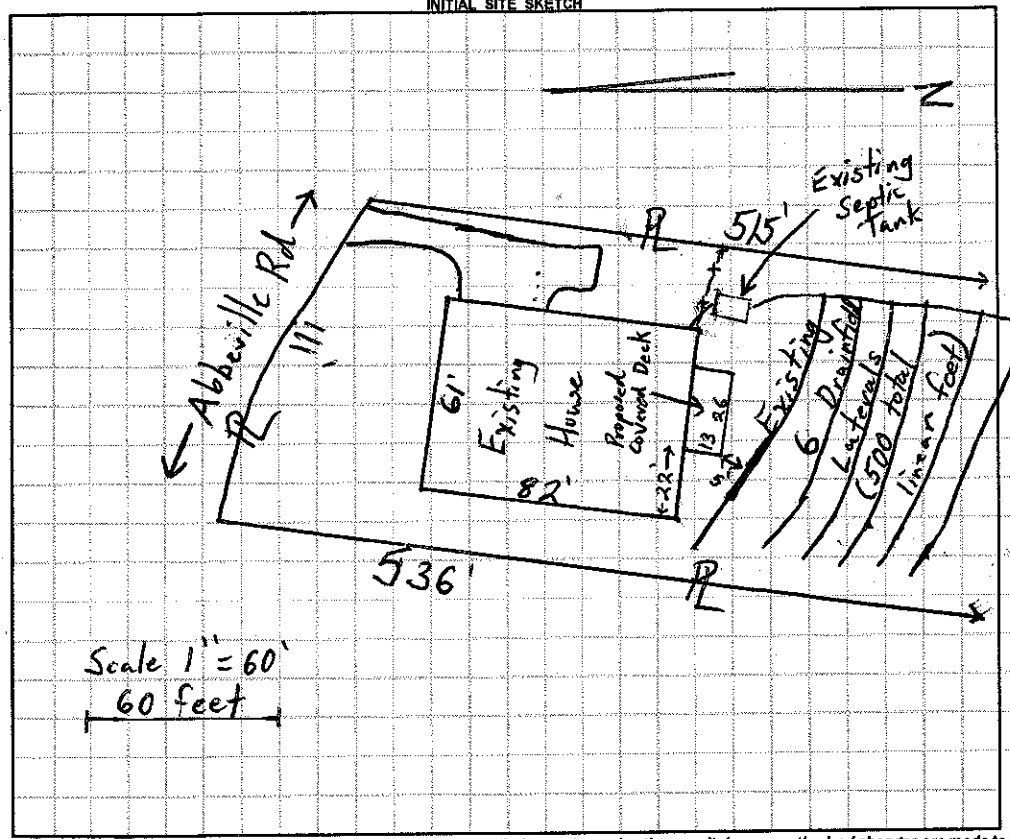
☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction (existing)
Repair System Description: Existing (Drip Irrigation)
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5
☐ Business No. Persons 10
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: During a site visit on 1-6-16, it was noted that the constructed residence did not match the house plans on file at the health department (dated 4-9-15). It remains unclear what impact this has had on the system. Proposed 13'x26' deck must incorporate a 3' cantilever with footers/foundation pilings a maximum 10' distance from existing house foundation wall. Any deviation in size, location or design of improvement voids this approval.

INITIAL SITE SKETCH



AS BUILT SKETCH

* Recommend pumping septic tank every 3-5 years and rerouting the house downspout drains away from the sewage disposal system.

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: [signature] Date: 1-13-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shook Date: 1-11-2016

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