IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216670

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

PIN # 4644 47 2439

APPLICANT: Beverly Rodgers APPLICANT ADDRESS: 203 Westpaces Rd Mooresville, NC 28117

SITE ADDRESS: 203 Westpaces Rd Mooresville, NC PHONE: 704 651 0299 ALT. PHONE:

SITE DIRECTIONS: Hwy 115S TR Langtree goto "round about" TR Mecklyn Rd take to end go thru gate TR Westpaces on left

SUBDIVISION: West Paces SECTION: — LOT # 2 LOT AREA: .56 Ac. DESIGN FLOW: 480 gpd L.T.A.R.: .3 Nearest

Existing

Septic Tank	1000 (gal)	STB	Date	☐ New System	☐ Repair	☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:				☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines min. 2 @ 35' ea	Linear Ft: 100'	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

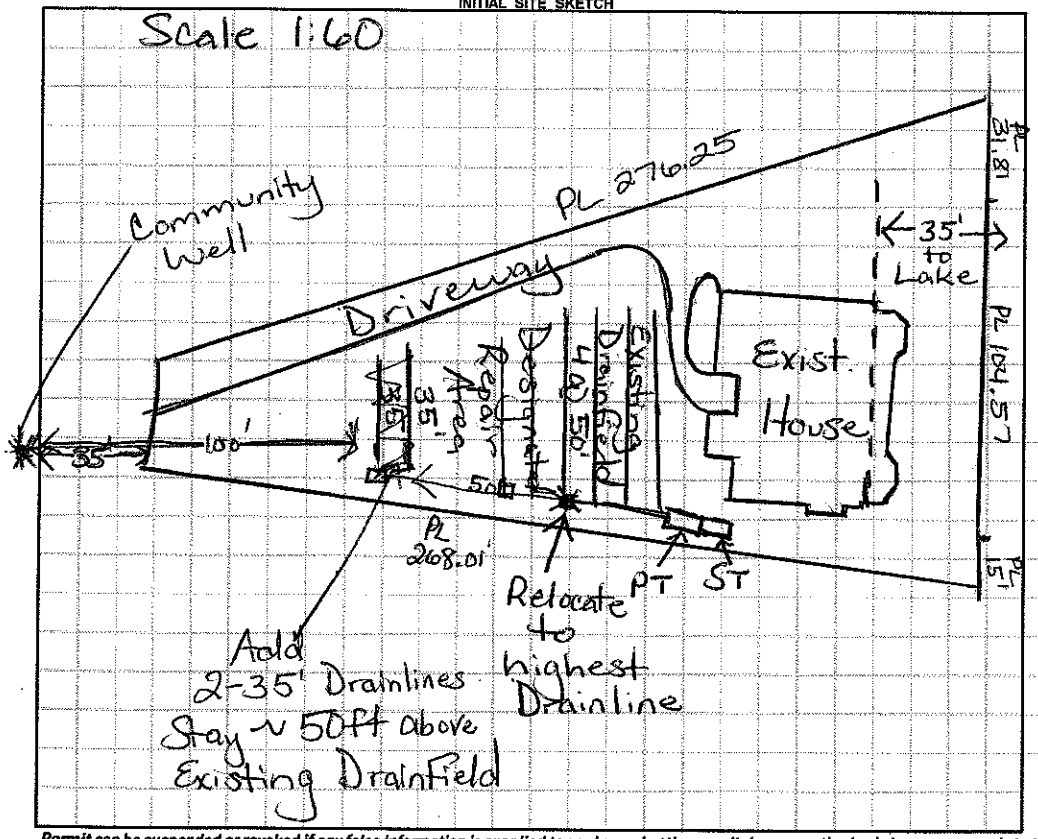
Add to Exist

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Expansion to 4 Bedrooms — add 235 ft of PPBPS (Panel Block) to Existing Drainfield. Must be at least 100Ft from Community Well.

Note: Could not locate Central Gate Valve Box, Relocate to highest "new" drainline. * IF Pressure Manifold used then call ICHD for tap size on lines.

INITIAL SITE SKETCH



AS BUILT SKETCH

* 4/18/16 - Pressure Manifold dug up OK to do 2-50ft Panel Bk lines & Keep tap sizes all the same.

Lake

Norman

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: Beverly A. Rodgers Date: 4/7/16 Installed by: A-1 Blackhoe

IMPROVEMENT PERMIT by: Maina Hall Dotson RS Date: 4/2/16 OPERATION PERMIT by: Maina Hall Dotson RS Date: 5/4/16

AUTHORIZATION TO CONSTRUCT by: Maina Hall Dotson RS Date: 4/2/16 Existing System Inspected by: Date:

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