IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216072

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

PIN # ~~4628-81-9939~~ 4644.99-4084

APPLICANT: Michael Westhafer APPLICANT ADDRESS: 13802 Brombrough Rd. Huntersville, NC

SITE ADDRESS: 147 Clover Bank Rd. Mooresville, NC PHONE: 704-902-0448 ALT. PHONE: 980-721-7345

SITE DIRECTIONS: Highway 115 South → Right on Bridges Farm Rd → Right on Clover Bank Rd → House on Left

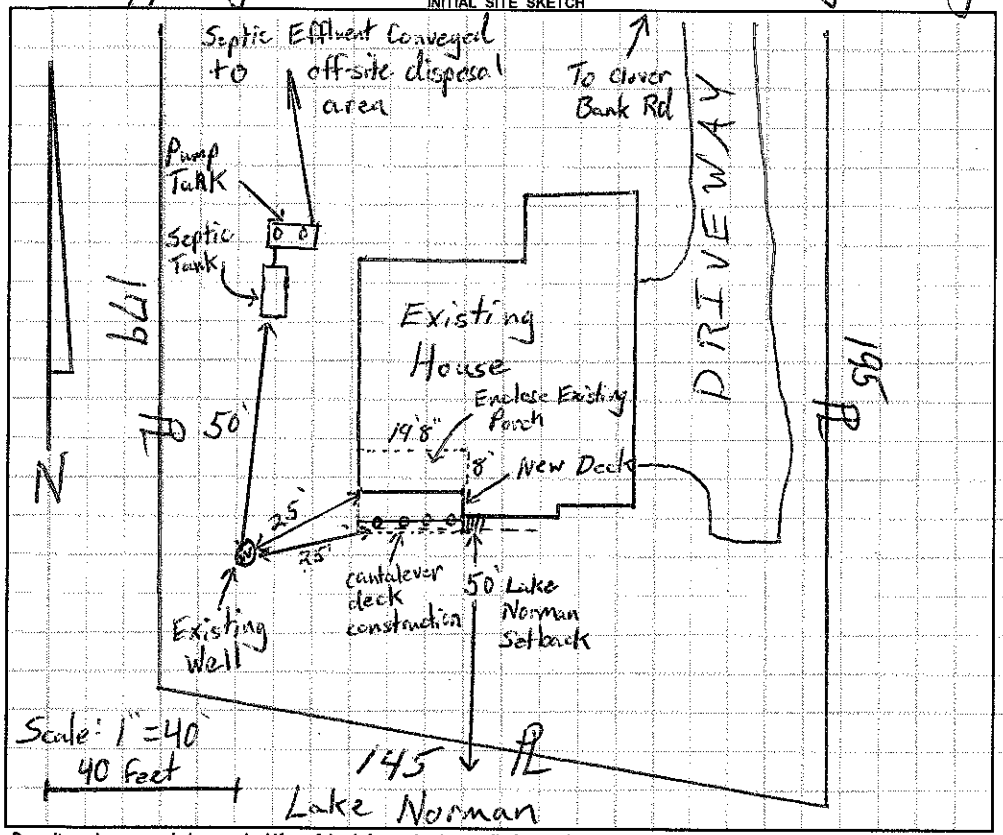
SUBDIVISION: Estate @ Davidson Lake SECTION: LOT # 6 LOT AREA: 0.58 acres DESIGN FLOW: Existing 360 gpd T.A.R.: Existing - 0.30

Septic Tank	1000 (gal)	STB	794	Date	6-20-05	☐ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 3 (exist)
Pump Tank	1000 (gal)	PT	283	Date	—	System Description:	Existing - PPBPS-LP (offsite)	☐ Business	No. Persons 6
Pump Make	Gulds	Model	WEO 712 H	Serial #	—	Repair System Description	- LP PPBPS (offsite)	☐ Other	No. Employees
# Nitrification Fields	Exist	# Lines	Exist	Linear Ft:	Exist	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	Exist	Max. Trench Bottom Depth	Exist	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing System Approval for enclosure of existing porch & construction of proposed 7'6" x 19'8" cantalevered deck. Deck to use cantalever design/construction to ensure footers/pilings are at least 25' from existing drinking water well.

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**

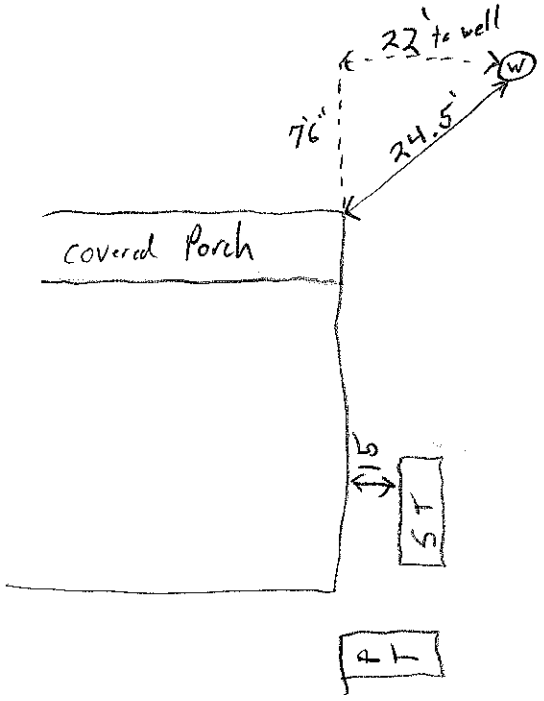
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Michael A Westhafer Date: 3-8-16 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Tom Shuck Date: 3-8-16

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


33' to well
W
76"
24.5'
covered Porch
5'
15'
8'