# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180630

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

PIN # 4645069278

APPLICANT: DAN GORDON APPLICANT ADDRESS: 124 IRONGATE CIRCLE

SITE ADDRESS: SAME PHONE: (704) 808 9460 ALT. PHONE:

SITE DIRECTIONS: I50 (L) 21 (L) ALCOVE (R) TEMPLETON (L) CAMINO REAL (L) IRONGATE LOTON (R)

SUBDIVISION: THE COVE SECTION: LOT # 6 LOT AREA: 3.08 AC DESIGN FLOW: 720 gpd L.T.A.R.: .3

Septic Tank 1500 (gal) STB 338 Date 11-2-05 ☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank 1500 (gal) PT 477 Date 12-4-05 System Description: EXISTING DRAINFIELD

Pump Make ____ Model ____ Serial # ____ Repair System Description:

# Nitrification Fields ____ # Lines ____ Linear Ft: ____ Maintenance Agreement Required: ☐ YES ☐ NO

Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____ ☐ GRAVITY ☐ PRESSURE

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

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: EXISTING

RELOCATING SEPTIC TANK & PUMP TANK TO LOCATION ON ATTACHED SITE PLAN

RELOCATING AND RECONNECTING PUMPLINE

INITIAL SITE SKETCH

SEE ATTACHED DESIGN BY ASHLEY ROLLANS

AS BUILT SKETCH

CHECKED TANKS ONLY 9-3-14 SA

pump line relocated around front of house and under drive way. it was sleeved in 6" cast iron ductile iron pipe under drive at a depth of about 2 ft and inspected on 10/24/14 Richard Farris

*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: 8/25/14 Installed by: CRAPS CREEK GRADING

IMPROVEMENT PERMIT by: [signature] REHS-155 Date: 9-14-14 OPERATION PERMIT by: Richard Farris Date: 10/24/14

AUTHORIZATION TO CONSTRUCT by: [signature] REHS-155 Date: 9-14-14 Existing System Inspected by: ____ Date: ____

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