IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

$250.00 3'30

PERMIT# 140872 PIN# 4645237019 DATE 3-5-07

OWNER OR APPLICANT Elisa Dowless PHONE: Business _____ Home 895-6351

ADDRESS 159 Carsons Place Mooresville, NC, 28117

LOCATION US 21 South/ Williamson Rd TL Alcove Rd TR Langtree TR Carsons Place 3rd house on left

SUBDIVISION Carsons Place BLOCK / SECTION _____ LOT 8 LOT AREA .75 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 534 Linear Feet 178

No Lines 2@89 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - Conventional

Repair System Description: Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

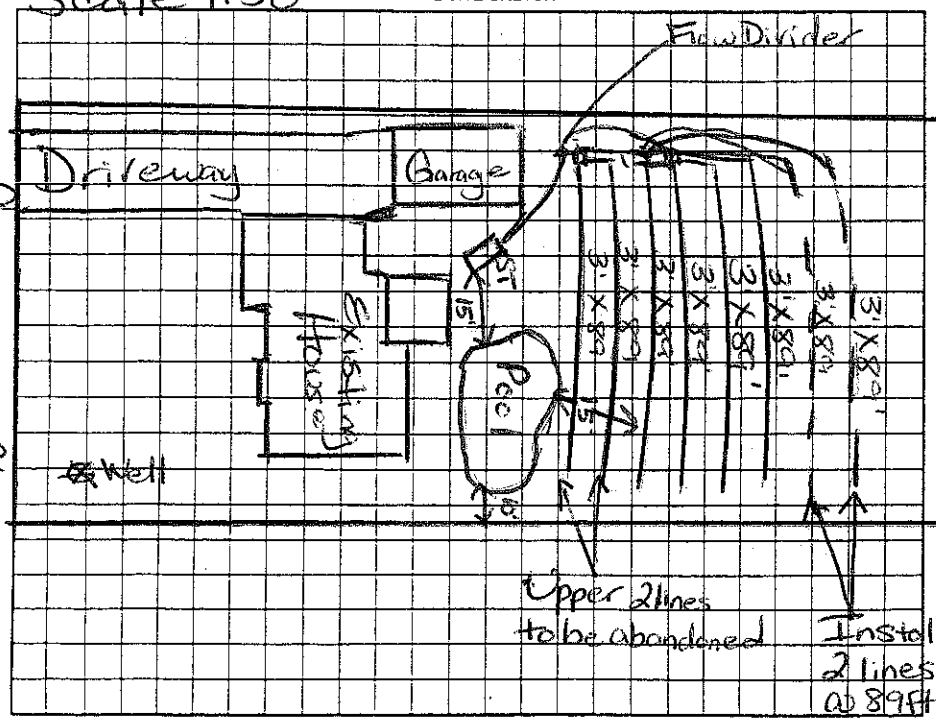
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Replace

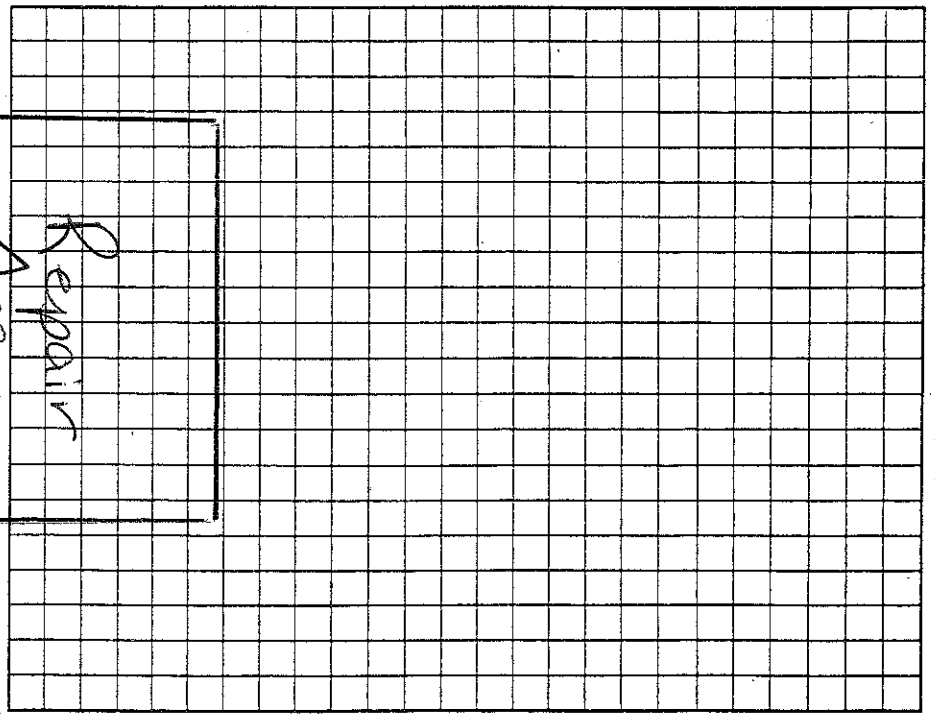
Comments:/Conditions: Abandoned upper 2 Drainlines that will be within 15ft setback to pool & reinstall below existing Drainfield

Comments:/Conditions: Keep pool cut at least 15Ft from ST.
☆ Okay to use "Plastic Chambers" or EZ Flow however No reduction will be given.
Use 1-Cohole Distribution box

Scale 1:50 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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Lisa Dowless date 3/15/07 Installed by: _____

Improvement Permit by: Maria H. Dotson R.S. date 3/15/07 Operation Permit by: Maria H. Dotson R.S. date 3/23/07

Authorization to Construct by: Maria H. Dotson R.S. date 3/15/07 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK