IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210359

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

PIN # 4645-25-3799.000

APPLICANT: Belk Construction Inc. APPLICANT ADDRESS: 358 Montibella Dr.

SITE ADDRESS: 196 Queens Cove Rd. Mooresville NC PHONE: 704-507-6378 ALT. PHONE: 704-807-9714

SITE DIRECTIONS: Williamson Rd. To Alcove Rd., R Templeton Rd., L Harwell, R Queens Cove, Site on L

SUBDIVISION: Queens Cove SECTION: 3 LOT # 108 LOT AREA: .840 Acre DESIGN FLOW: Ex. 360 GPD L.T.A.R.: Existing

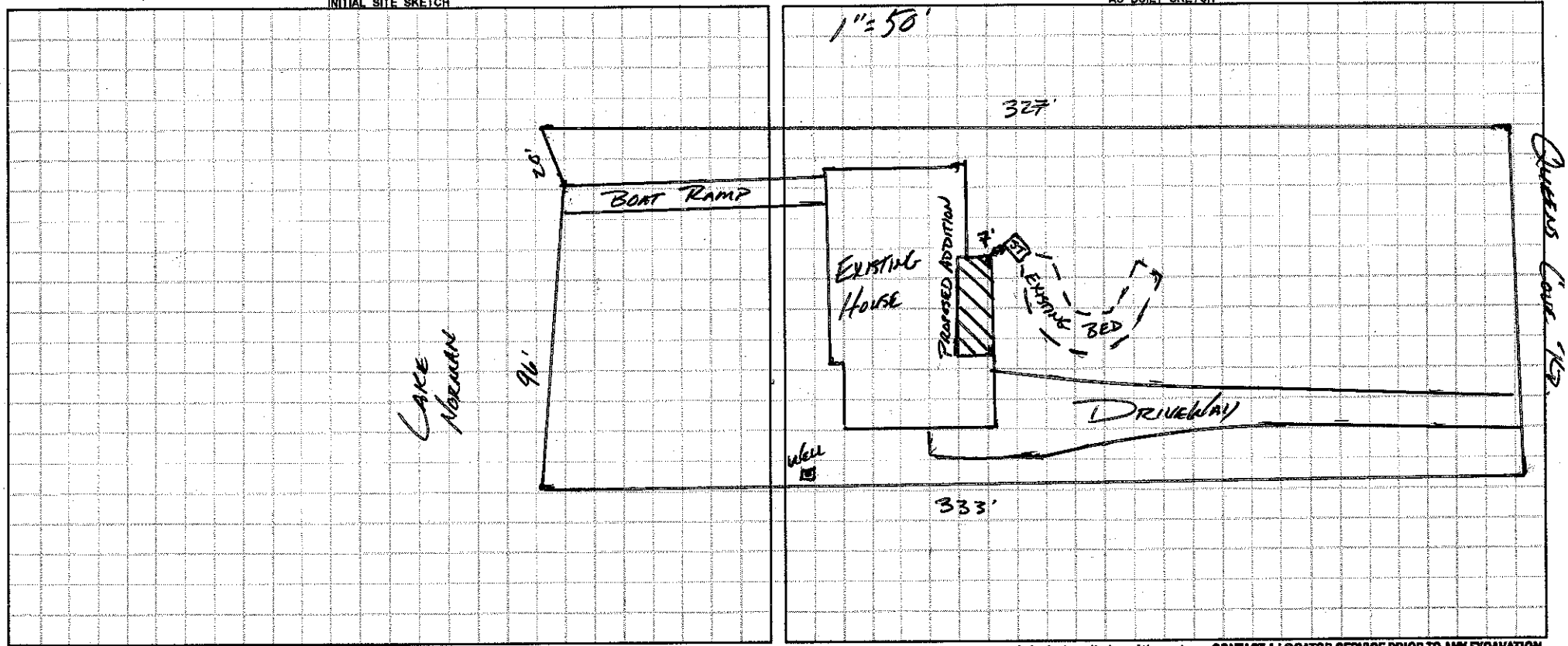
Septic Tank: Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI	☒ Residence	No. Bedrooms: Ex. 3	Water Supply: ☒ Private
Pump Tank (gal)	PT	Date	System Description: Existing Conventional Bed - Gravity	☐ Business	No. Persons: Ex. 6	☐ Public
Pump Make	Model	Serial #	Repair System Description: Existing	☐ Other	No. Employees	☐ Community
# Nitrification Fields: Ex.	# Lines: Existing Bed	Linear Ft: Ex	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☒ Crawl Space	
Trench Width: Ex.	Max. Trench Bottom Depth: Existing	Gravel Depth: Existing	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: System Appeared To Be Functioning At Time of Inspection. Maintain At Least 5' Seperation From Septic With Any Building Structures.

Tank Was 7' From Proposed Structure At Time of Inspection.

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: [signature] Date: 09-06-2015 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] APPROVED Date: JUN 09 2015

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