IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206637

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

PIN # 4645-37-3356

APPLICANT: Joanne and Grace Accursio APPLICANT ADDRESS: 136 Harwell Dr Mooresville NC 28115

SITE ADDRESS: 136 Harwell Rd Dr Mooresville NC 28115 PHONE: (704) 361-3825 ALT. PHONE: (704) 660-0861

SITE DIRECTIONS: 136 Harwell Rd Dr (go Williamson Rd TR on Alcove TR on Templeton TL on Harwell 2nd on right pastcorner lot)

SUBDIVISION: Queens Cove SECTION: ___ LOT # 38 LOT AREA: 2.57ac DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank existing 1000 (gal) STB ___ Date ___
Pump Tank ___ (gal) PT ___ Date ___
Pump Make ___ Model ___ Serial # ___
Nitrification Fields 1 # Lines 5 @ 80 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A chamber

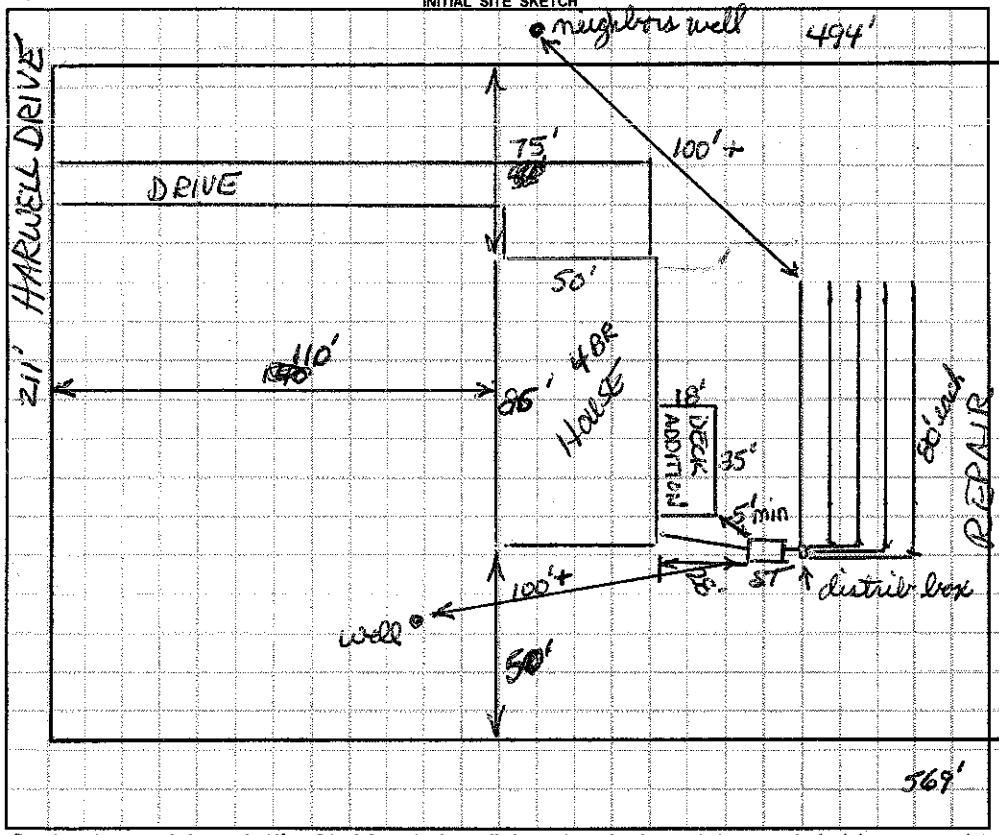
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: gravity 25% reduction
Repair System Description: same
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons ___
☐ Other No. Employees ___
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

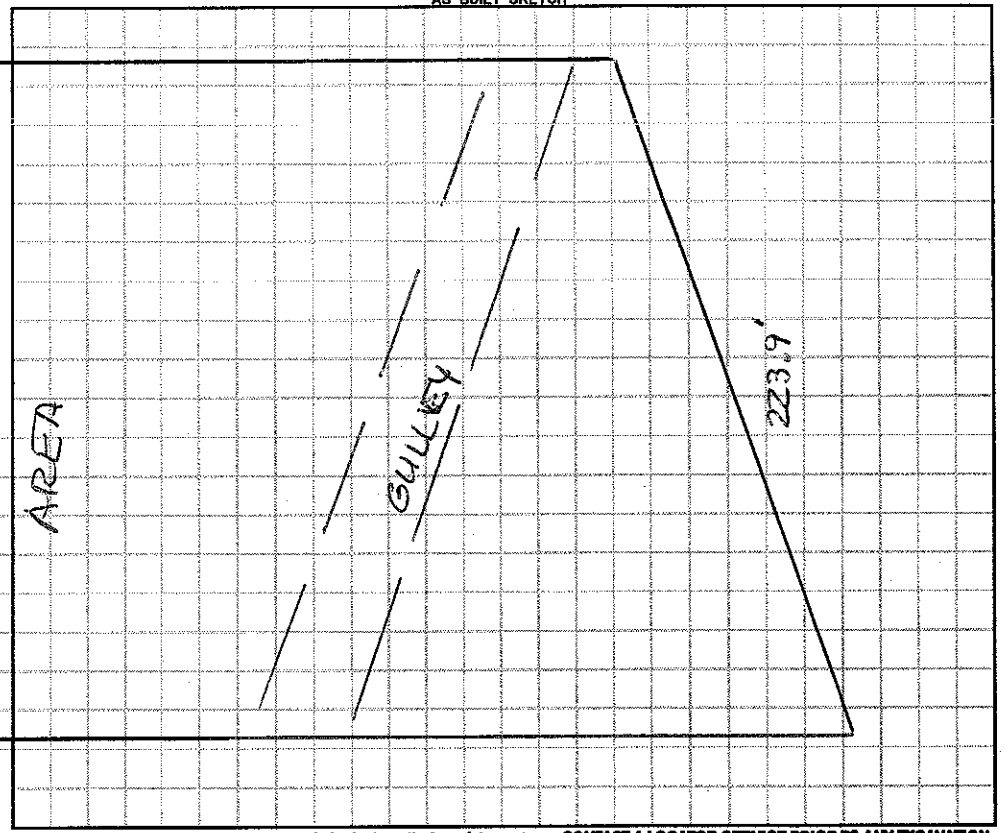
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Authorization for a deck addition based on info submitted by applicant and records from OP. Not verified in field. Keep 5' minimum from existing tank with deck addition.

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 plan* valid without expiration. ☐ IMPROVEMENT PERMIT *with site plan* valid for 60 MIT--not to exceed 60 mo.

Location of the proposed deck addition does not appear to impact the existing on-site septic system or well.**NOTE:

Owner / Applicant Signature: ___ Date: 11/7/2014

IMPROVEMENT PERMIT by: Richard Farris REHS Date: 11/6/14 Date: ___

ICHD-Environmental Health Division

AUTHORIZATION TO CONSTRUCT by: ___ Date: ___ Date: ___

Health Dept. Copy - WHITE Applicant (Final Approval) - [illegible]