IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211333

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

PIN # 4645-48-1838.000

APPLICANT: Patrick Mulloy APPLICANT ADDRESS: 171 Huntfield Way, Mooresville NC

SITE ADDRESS: 171 Huntfield Way, Mooresville NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Alcove, R Templeton, R Templeton Bay, L Greenfield

SUBDIVISION: Templeton Bay SECTION: LOT # 12 LOT AREA: .920 Acre DESIGN FLOW: Ex. 480 GPD L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB		Date						
Pump Tank	Existing	(gal)	PT		Date						
Pump Make	Ex	Model	Ex	Serial #	Ex						
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex						
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex						

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

System Description: Existing 25% Reduction - Pump

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms Ex 4 No. Persons Ex 8 No. Employees ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: This Permit is for the Addition of Existing 16x16 Shed Deck (12x16 Shed, 16x4 Deck). Structure was Already Constructed @ Time of Inspection.

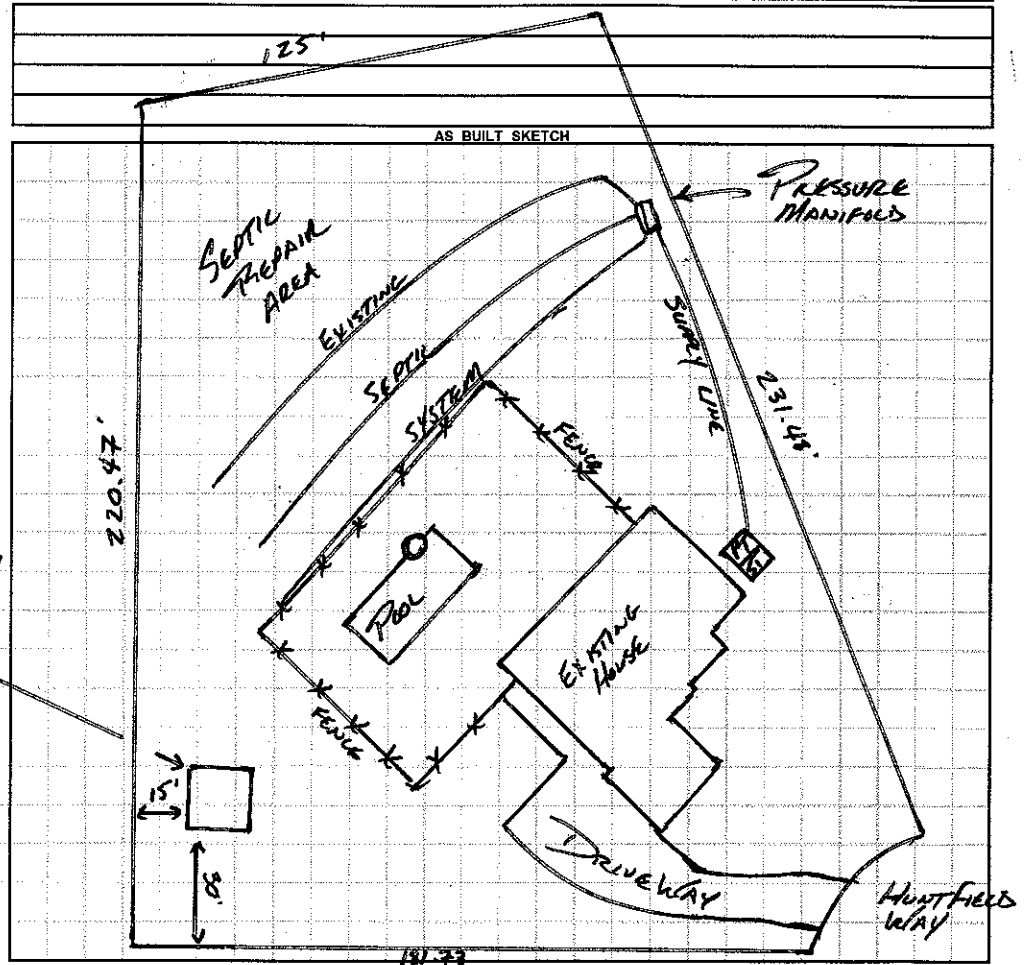
INITIAL SITE SKETCH

Septic System Observed To Be Functioning Properly @ Time of Inspection.

1" = 50'

Existing 16'x16' Shed/Deck

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: Patrick Mulloy Date: 9/23/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED SEP 21 2015

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