IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4645486748

APPLICANT: Jill Mondo APPLICANT ADDRESS: 149 Huntfield Way Mooresville

SITE ADDRESS: 149 Huntfield Way Mooresville PHONE: 704-799-3883 ALT. PHONE: 561-512-1700

SITE DIRECTIONS: From Alcove Rd TR Templeton Rd TR Templeton Bay Dr. TL Huntfield Way

SUBDIVISION: Templeton Bay SECTION: M1 LOT # 8 LOT AREA: 0.551 acres DESIGN FLOW: 480 gpd L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank Existing (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: Existing

Trench Width 24" Max. Trench Bottom Depth Existing Gravel Depth N/A

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

System Description: Low Pressure PIBPS

Repair System Description:

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

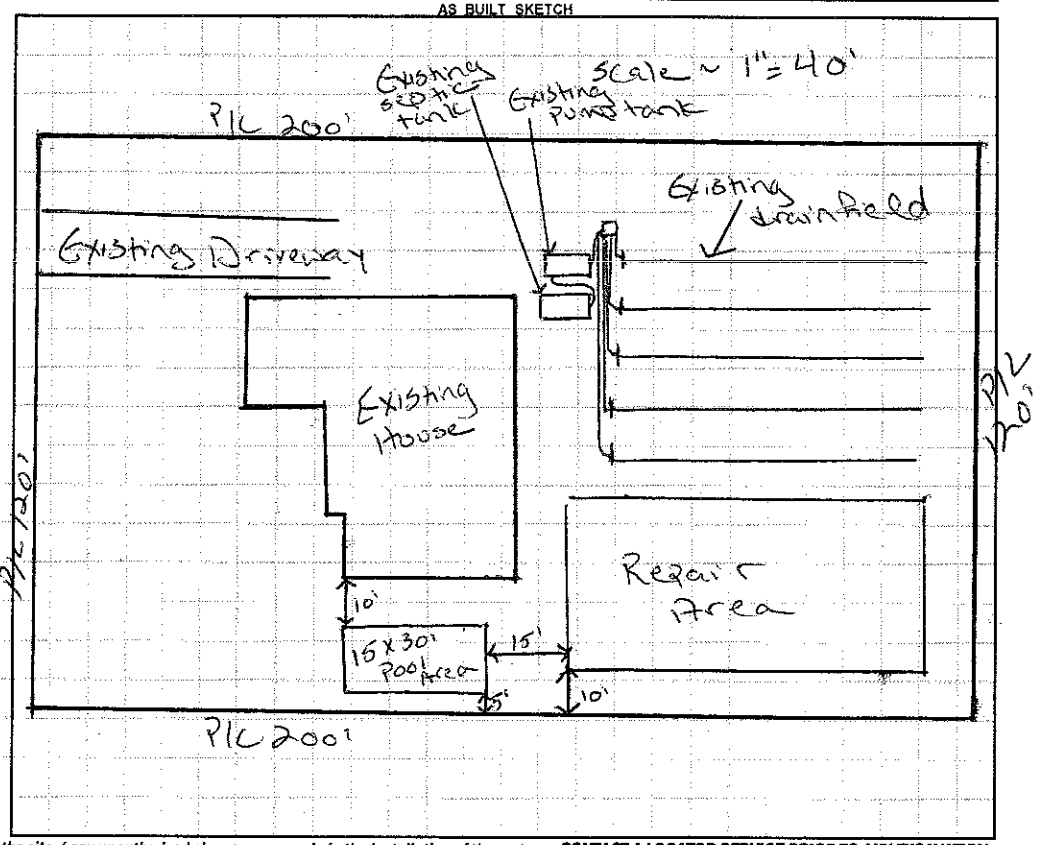
Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions:

Pool Area is a minimum of 15' From the Existing Repair Area on the property as Shown Below.

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: _____ Date: 1/7/2013 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Justin Henderson Date: 1-3-12

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