IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 SC Mooresville Office (704) 660-3625 PERMIT # 212610

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

PIN # 4645 56 0132

APPLICANT: Sheryl Creswell APPLICANT ADDRESS: 169 Perrin Drive Mooresville NC 28117

SITE ADDRESS: 169 Perrin Dr. Mooresville, NC PHONE: ALT. PHONE: 702 510 6117

SITE DIRECTIONS: Williamson Rd TL Alcove TR Perrin Dr on left

SUBDIVISION: Waters Edge SECTION: 2 LOT # 22 LOT AREA: .610Ac DESIGN FLOW: 360gpd L.T.A.R.:

Existing

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial # Repair
Nitrification Fields 2 # Lines 6 Linear Ft: 150'
Trench Width Max. Trench Bottom Depth Gravel Depth

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Xisting Gravel Bed
Repair System Description: Installed LPPBPS
Maintenance Agreement Required: ☐ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

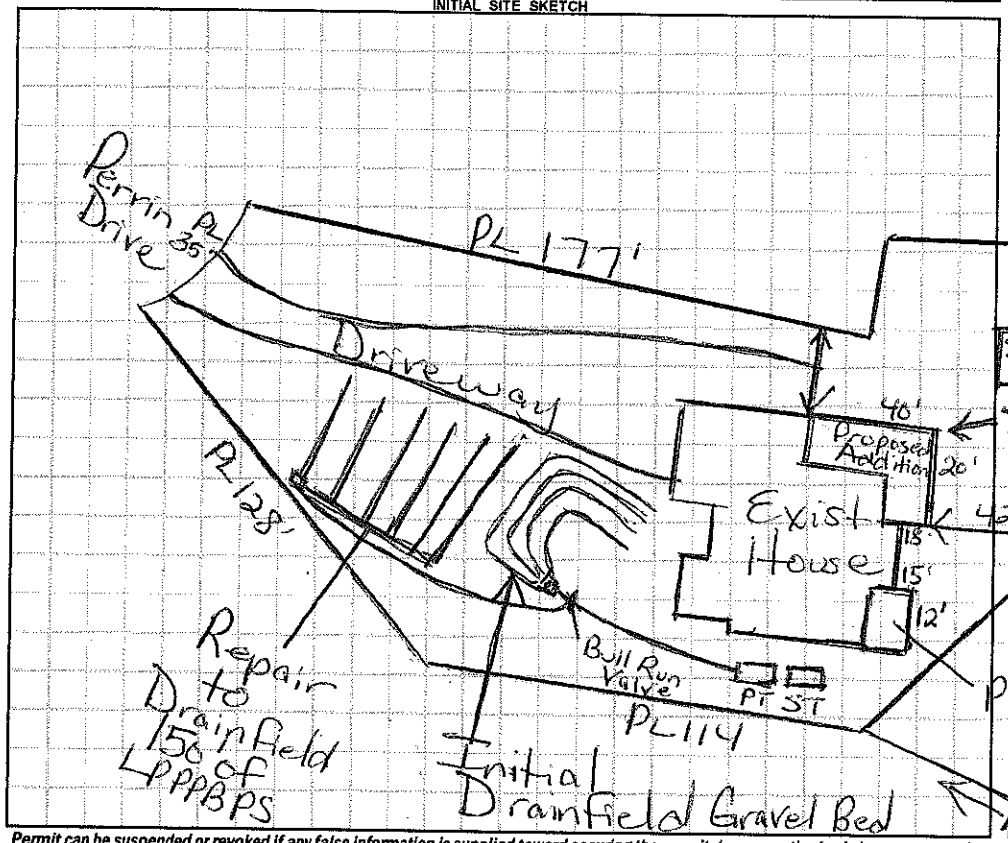
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons To No. Employees ☒ Crawl Space
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

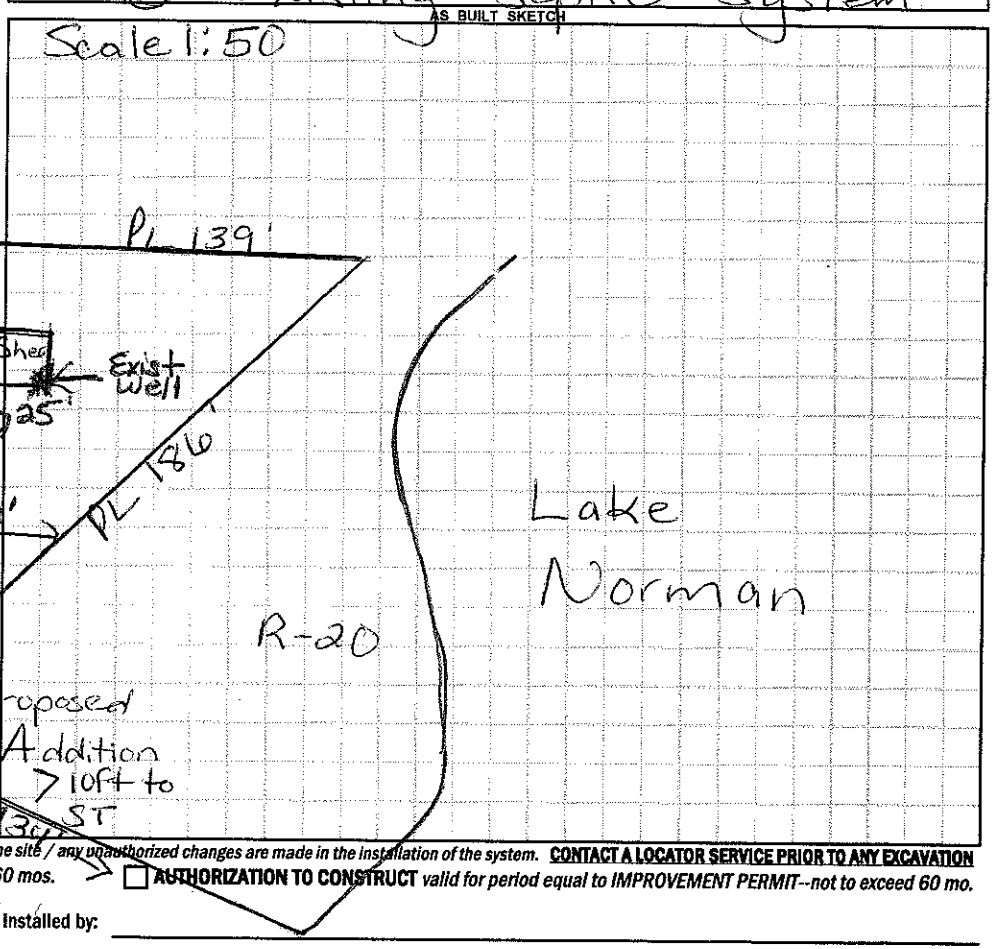
Proposed Additions meet setbacks to well and Septic they do not appear to impact the existing Septic System

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



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: Sheryl Creswell Date: 9/9/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Mariah Hall RS Date: 9/4/15

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