IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217550

RA

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

PIN # 4646-20-6789 ✓

APPLICANT: Jason Ward APPLICANT ADDRESS: 108 Cottage Place Lane Mooresville, NC 28117

SITE ADDRESS: ✓108 Cottage Place Lane Mooresville, NC 28117 PHONE: 704-791-4698 ALT. PHONE:

SITE DIRECTIONS: I-77 south to Exit 33 → Cross Road turn Right on Catalina → 1 mile then turn right on Cottage Place

SUBDIVISION: Catalina Cove SECTION: B LOT # 17 LOT AREA: 0.53 acres DESIGN FLOW: 360 gal/day L.T.A.R.: 0.3 existing

Septic Tank 1000 ex (gal) STB 1000 Date 1/5/04
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 Ex # Lines 3 Ex Linear Ft: 300 Ex
Trench Width 36" Ex Max. Trench Bottom Depth 36" Ex Gravel Depth —

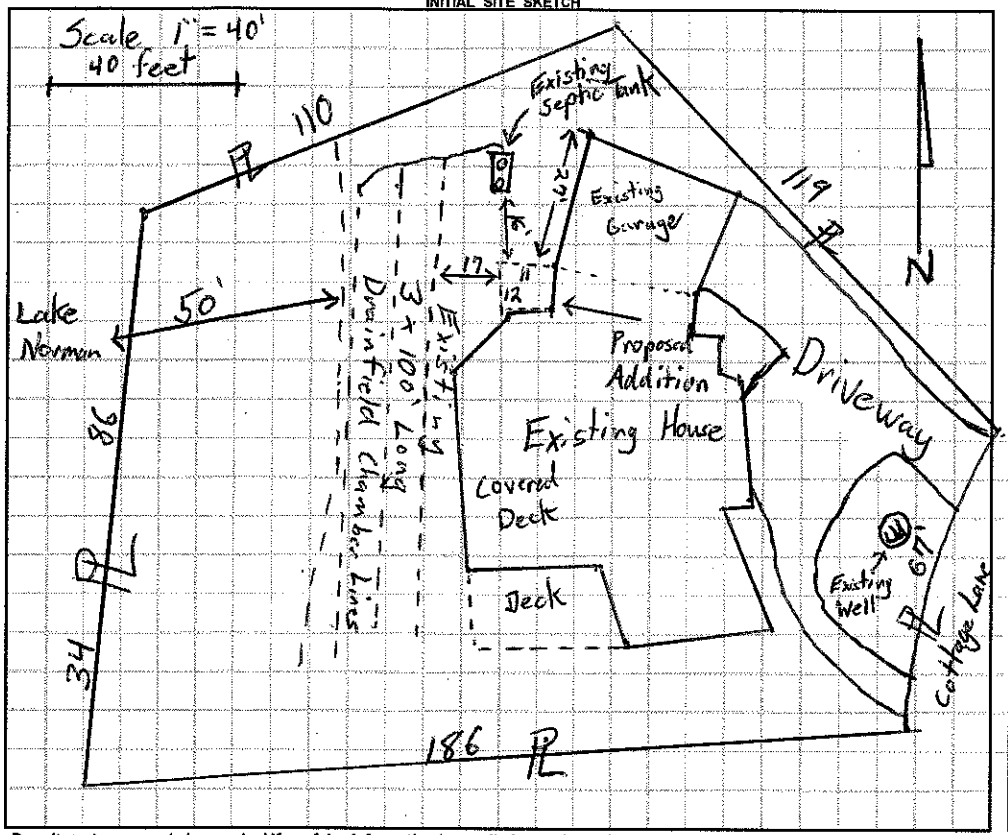
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Existing - 25% Reduction
Repair System Description: Pre 1983 Recorded
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: Approval is for an 11'x12' addition on the rear of the house. Recommend pumping septic tank every 3-5 years.

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: 5-3-16 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Tom Shade Date: 4-28-16

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