IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 209079

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

PIN # 4646376096

APPLICANT: Barbara Harris | APPLICANT ADDRESS: 184 Matt Rd Mooresville, NC 28117

SITE ADDRESS: 167 Mooreland Rd Mooresville, NC 28117 | PHONE: 704 657-8455 | ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TL Williamson Rd TR Sundown TL Brockway TR Mooreland Rd on left rear end

SUBDIVISION: Idlewood Harbor | SECTION: | LOT # 94 | LOT AREA: | DESIGN FLOW: 360gpd | L.T.A.R.:

Septic Tank 1000 (gal) | STB IM1060 | Date Infiltrator | ☐ New System ☒ Repair ☐ Expansion | System Type: I (II) III IV V VI | ☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing | No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Private ☐ Public ☐ Community

Pump Tank (gal) | PT | Date

Pump Make | Model | Serial #

System Description: Gravity - Conventional (Gravel)

Repair System Description: ST only replaced

Maintenance Agreement Required: ☐ YES ☒ NO

Existing Nitrification Fields 1 | # Lines 3 | Linear Ft: 252'

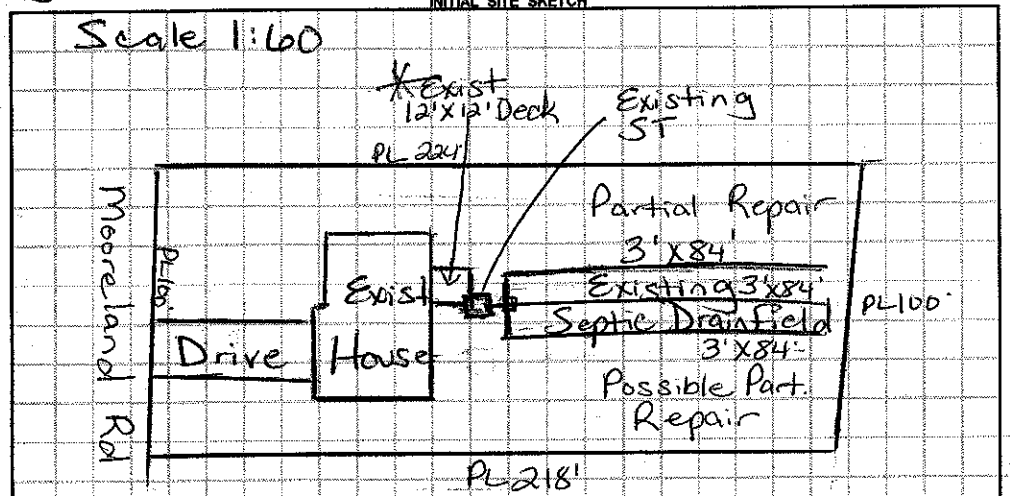
Trench Width 36" | Max. Trench Bottom Depth | Gravel Depth 6"

☒ GRAVITY ☐ PRESSURE

Comments / Conditions: * Part of Exist deck must be removed to meet 5ft setback to Septic tank. Plastic Septic tank installed Deck removed to meet setback

* New ST must be installed in same place as old/existing ST to maintain gravity flow from house to ST & from ST to Existing D-box. Existing Drainfield ok.

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: Barbara B. Harris | Date: 3/23/15 | Installed by: R & H Dobson RS

IMPROVEMENT PERMIT by: Maria H. Dobson RS | Date: 3/23/15 | OPERATION PERMIT by: Maria H. Dobson | Date: 3/24/15

AUTHORIZATION TO CONSTRUCT by: Maria H. Dobson RS | Date: 3/23/15 | Existing System Inspected by: | Date:

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