IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 211082

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

PIN # 4646687111

APPLICANT: Champion Windows / Craig Self | APPLICANT ADDRESS: 9100 Perimeter Woods Dr Suite i Charlotte, NC 28216

SITE ADDRESS: 134 Hickory Hill Rd Mooresville, NC | PHONE: 980-722-6641 | ALT. PHONE: 704 398-0085 Trevor

SITE DIRECTIONS: Brawley School Rd TL Silver Hawk Dr TR Apple Blossom Dr Staytaleft Hickory Hill

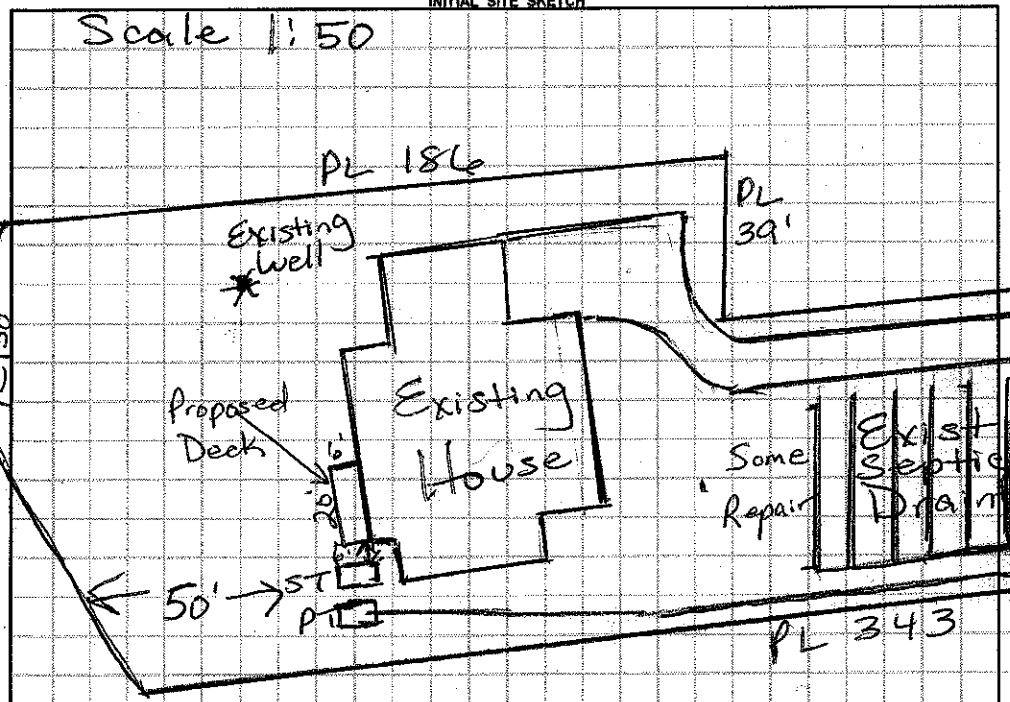
SUBDIVISION: Gibbs Cove | SECTION: | LOT # 68 | LOT AREA: .82 Ac | DESIGN FLOW: 360gpd | L.T.A.R.: 1.3

Septic Tank	1000 (gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT		Date		System Description: Exist Pump-PM 25% Reduction				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description: Pump 25-50% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	8 @ 40ft	Linear Ft: 320'		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth		Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

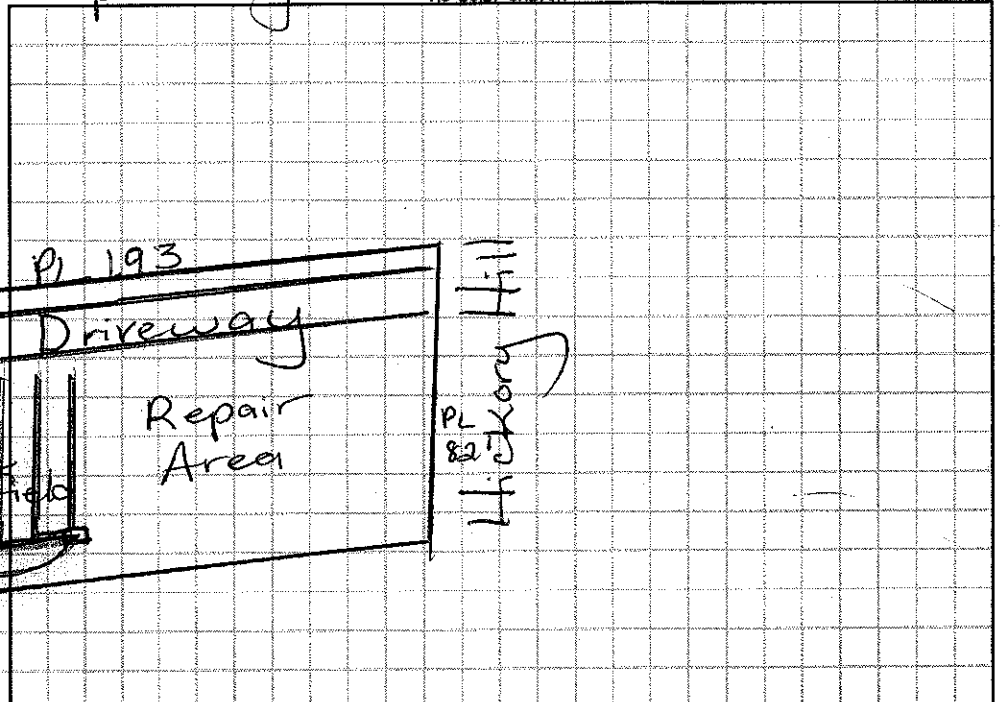
Comments / Conditions: Must keep "Footers" for Screen room at least 5ft from Septic System

The proposed Screen room does not appear to impact the existing Septic System. It meets setbacks for Septic System & well.

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: 7/9/15 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ RS Date: 6/26/15

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