IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212271

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

PIN # 4646-78-0971.000

APPLICANT: Bryan Chatfield APPLICANT ADDRESS: 1824 Trapper Rd Mt. Ulla 28125

SITE ADDRESS: 110 Donnive Dr. Mooresville NC PHONE: 704-634-2500 ALT. PHONE: 704-677-3541

SITE DIRECTIONS: BSR, TL Silver Hook Dr, TR Apple Blossom, Still on R @ Corner of Donnive.

SUBDIVISION: Gibbs Cove SECTION: 2 LOT # 33 LOT AREA: 1.14 Acre DESIGN FLOW: Ex. 480 GPD L.T.A.R.: Existing

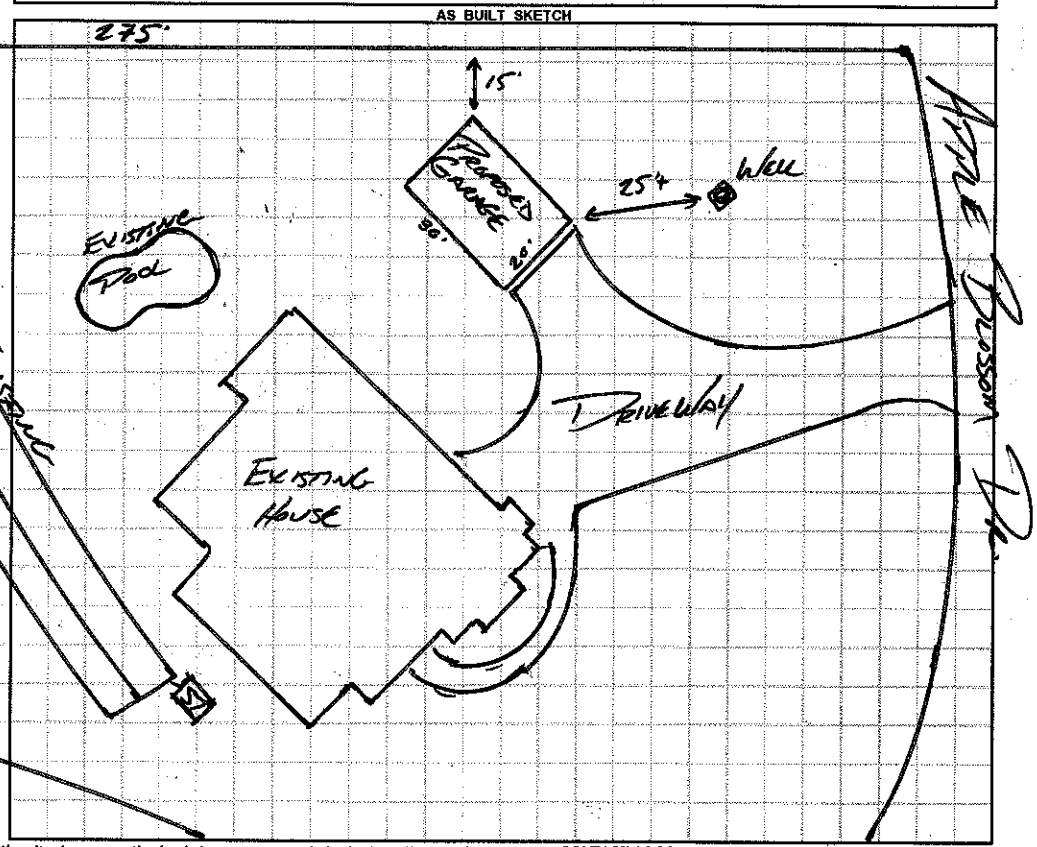
Septic Tank Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	Ex 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: Existing 25% Reduction - Good	☐ Business	No. Persons	Ex 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields Ex.	# Lines Existing 3	Linear Ft: Existing	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width Ex.	Max. Trench Bottom Depth Existing	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Maintain 25' From Well With Proposed Garage.
System Assessed To Be Functioning @ Time Of Inspection.

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: [signature] Date: 9/24/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] APPROVED AUG 31 2015

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