ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (SW) | PERMIT # OSWP 2023 - 41408

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

PIN # 4646 -- 99 -- 5802 ✓

APPLICANT/OWNER: Melinda Drury | APPLICANT ADDRESS: 155 Sunfish Dr. Mooresville 28117

SITE ADDRESS: 155 Sunfish Dr. Mooresville 28117 ✓ | PHONE: 704-519-5306 | ALT. PHONE: —

SITE DIRECTIONS: Brawley School Rd - ⓒ Sunfish - Lot on ⓒ | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Clippers Run ✓ | SECTION: — | LOT # PT 30 ✓ | LOT AREA: 2.494 | DESIGN FLOW: Ex. | L.T.A.R.: Ex.

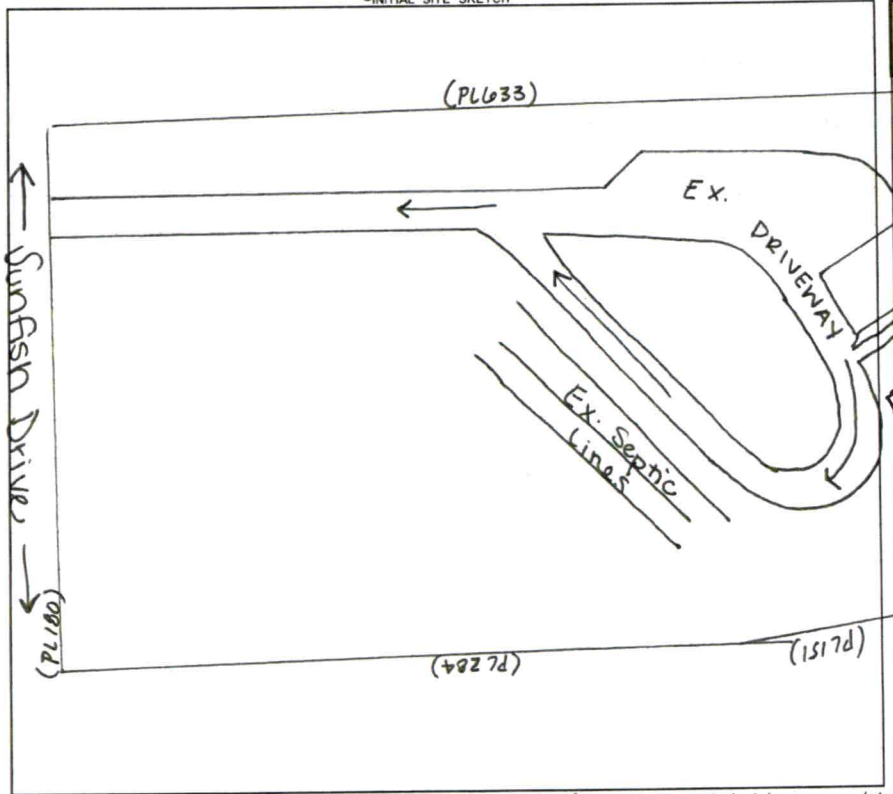
Septic Tank	1500 (gal)	STB 760	Date 10-20-23	☐ New System ☑ Repair ☐ Expansion	System Type: (II) III IV V VI	☑ Residence	No. Bedrooms Ex
Pump Tank	(gal)	PT	Date	System Description:		☐ Business	No. Persons Ex
Pump Make		Model	Serial #	Repair System Description: Tank Replacement		☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines Ex	Linear Ft Ex	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space
Trench Width	Ex	Trench Bottom Depth(Low side) Ex	Gravel Depth Ex.	☑ GRAVITY	☐ PRESSURE	☑ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush, & fill old tank. Place new tank in same spot. Replace distribution if needed. Keep new tank 50' off existing well.

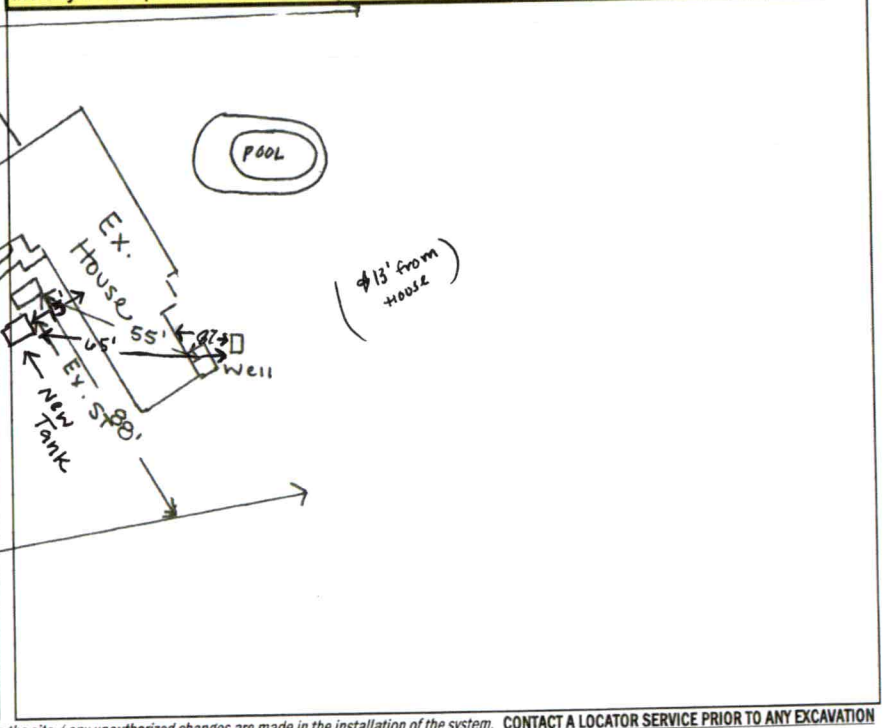
Divert all drainage away from tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: online | Date: — | Installed by: Lentz

IMPROVEMENT PERMIT by: Sydney Holland | Date: 11/21/23 | OPERATION PERMIT by: Sydney Holland | Date: 11/28/23

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 11/21/23 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

4646995802

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Joseph N. Petrosino DATE 5-19-86 PERMIT NO. 281

PHONE: Business _____ Home _____

LOCATION 150 W TL on Talbert Rd cross Brawley School Rd on to Sunfist 1/8 mi on left S. R. No. _____

SUBDIVISION NAME Clippers Run LOT NO. 30 SECTION OR BLOCK NO. _____

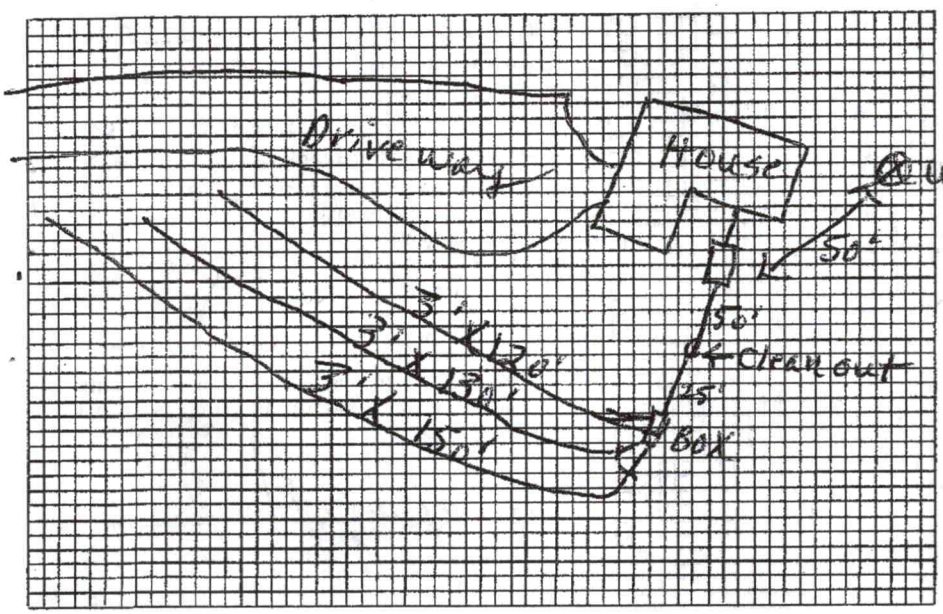
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	14	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
			Rock or other impervious formations	none	

Lot Area 4.36 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by Larry Henkle

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY L. C. moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. moore DATE 5-19-86

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold