IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

DATE Feb-12-08

PERMIT# 12472 PIN# 4648-17-2951

OWNER OR APPLICANT Terry Tate PHONE: Business ____ Home 704-660-7819

ADDRESS 838 Cornelius Rd Mooresville, NC 28117

LOCATION Same as owner

SUBDIVISION ____ BLOCK / SECTION — LOT — LOT AREA 2.86 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: existing Gallons: STB ____ Date ____
Pump Tank: ✓ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 510 Linear Feet 170'
No Lines 2@85' Trench Width 36 Max Trench Bottom Depth 36

☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Gravity 25% Red
Repair System Description: Gravity 25% Red
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth ____ ☒ Gravity ☐ Pressu[re]

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

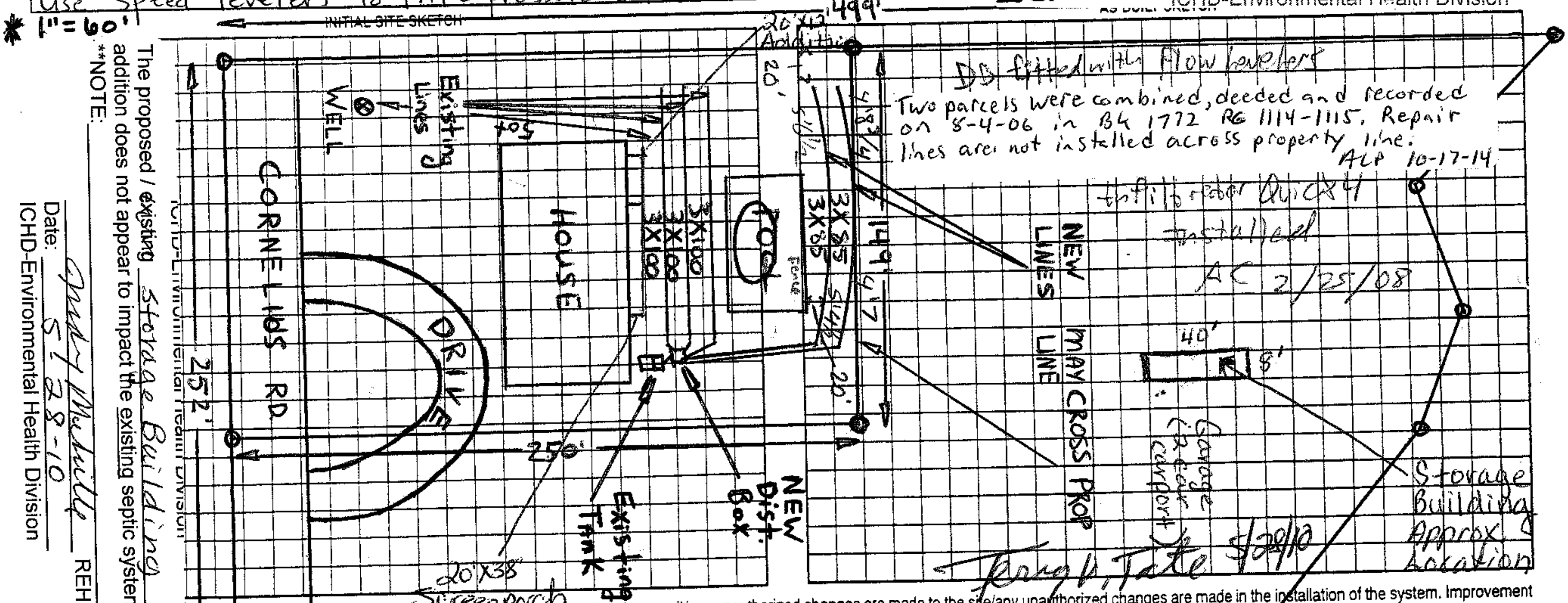
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Install 2 new lines, starting 10' below pool deck (2@85') on contour/Install new distribution box with at least 5 outlets/ Use speed levelers to take pressure off of

Comments:/Conditions: Fa[...] house do no[...]

The proposed / existing Dining Room addition does not appear to impact the existing septic system.
**NOTE: Site visit, measured distance of Addition to Septic System ≥25ft
Maria Dolson R.S.
Date: 6/30/14
ICHD-Environmental Health Division

INITIAL SITE SKETCH * 1" = 60'



[...]ded 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. Improvement Permit without valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Karen Tate date ____

Improvement Permit by: B. Allen RSI date Feb-12-08

Authorization to Construct by: B. Allen RSI date Feb-12-08

Installed by: Wayne Cloutz

Operation Permit by: Anthony Coker date 2/25/08

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK