IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216709

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

PIN # 4648-17-2951.000

APPLICANT: Shawn GoodRich APPLICANT ADDRESS: 838 Cornelius Rd. Mooresville NC

SITE ADDRESS: 838 Cornelius Rd. Mooresville NC PHONE: 704-902-5941 ALT. PHONE: 704-239-3994

SITE DIRECTIONS: Hwy 21 S, Tr Cornelius, House on R

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.860 Acres DESIGN FLOW: Ex. 360 GPD L.T.A.R.: Existing

Septic Tank Ex. (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex. # Lines Ex. Linear Ft: Ex.

Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth Ex.

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Existing Conventional + 25% Red. Grav

Repair System Description: 25% Reduction - Gravity

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Ex. 3

☒ Business No. Persons Ex. 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

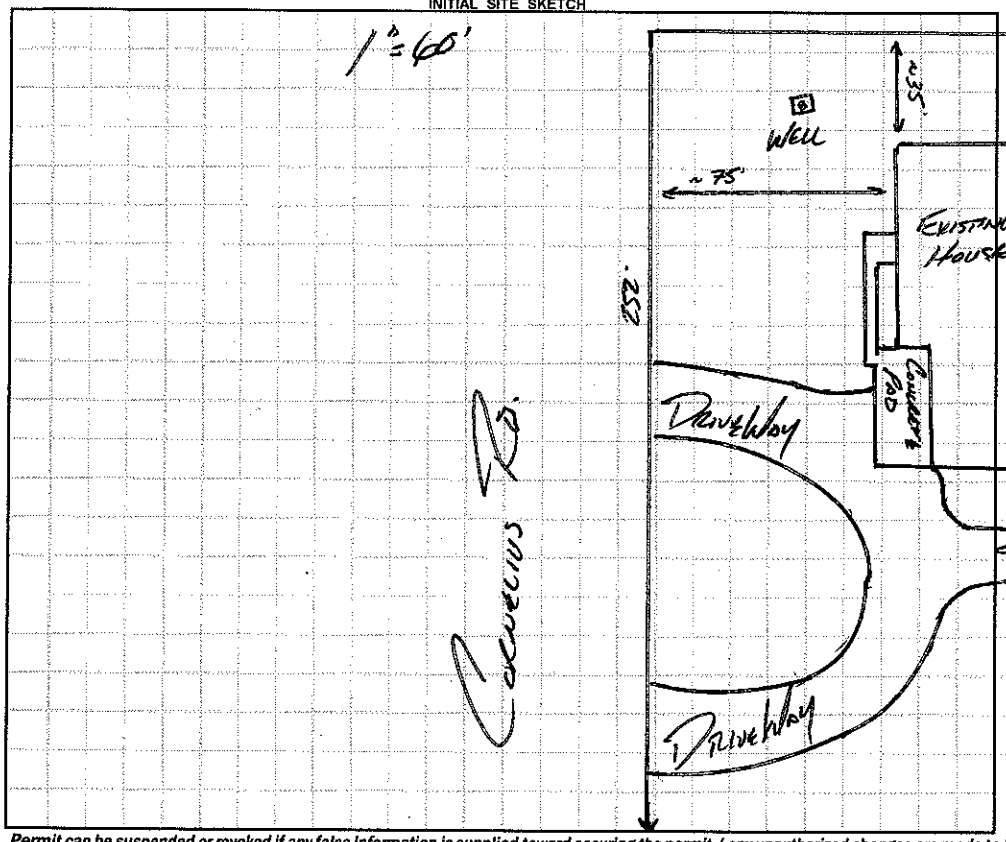
☒ Private

☐ Public

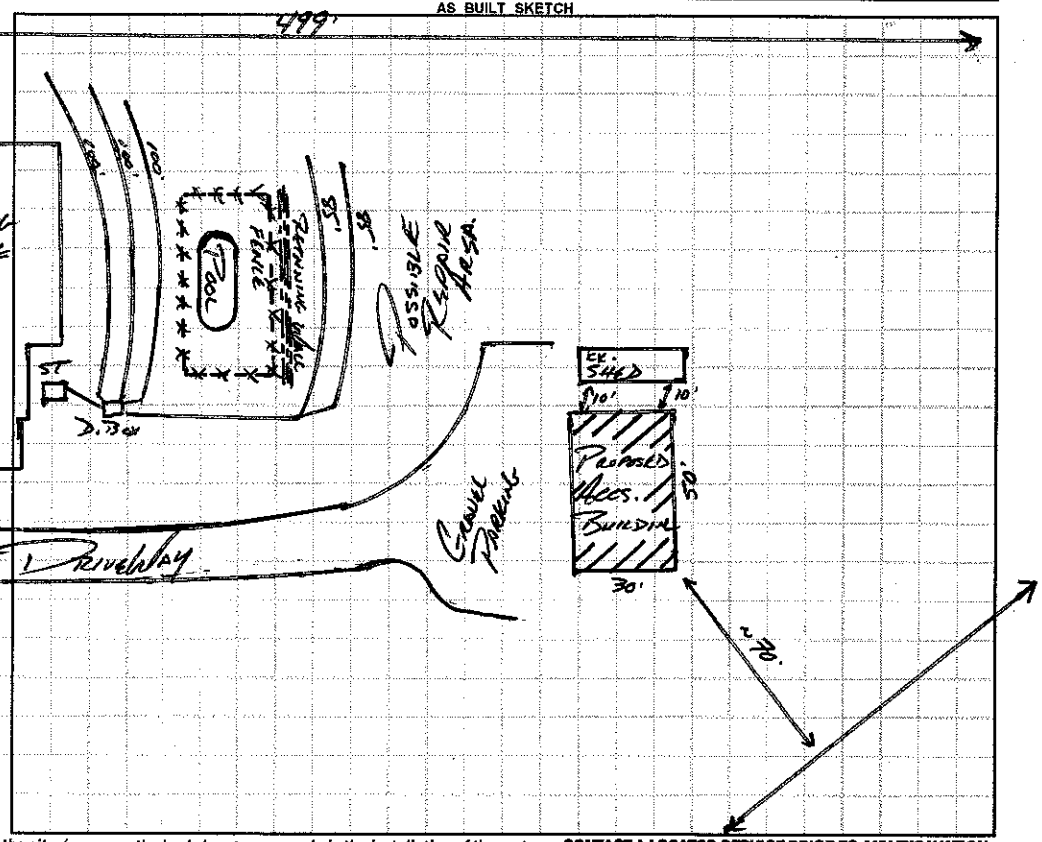
☐ Community

Comments / Conditions: Existing System Appeared To Be Functioning @ Time of Inspection.
This Permit Is For Proposed Addition To Building.

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: 4/21/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] APPROVED MAR 27 2016

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