IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 174985 PIN # 4648 186 325 DATE 10-8-2012

OWNER or APPLICANT Debbie K. Snyder PHONE: Business Home: 704 799-8197

OWNER or APPLICANT ADDRESS 130 Mills Forest Ln Mooresville, NC 28117

LOCATION / DIRECTIONS US21 to Cornelius Rd TR Mills Forest Ln 3rd House on Rt.

SUBDIVISION Mills Forest BLOCK / SECTION LOT # 3 LOT AREA .5Ac DESIGN FLOW 360gpd L.T.A.R. .3

EXIST

Septic Tank 1000 Gallons: STB 825 Date 9/21/93

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 400'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Exist Gravity - Conventional

Repair System Description: Pump 25-50% Reduction

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Water Supply

☐ Business No. Persons ☒ Private

☐ Other No. Employees ☐ Public

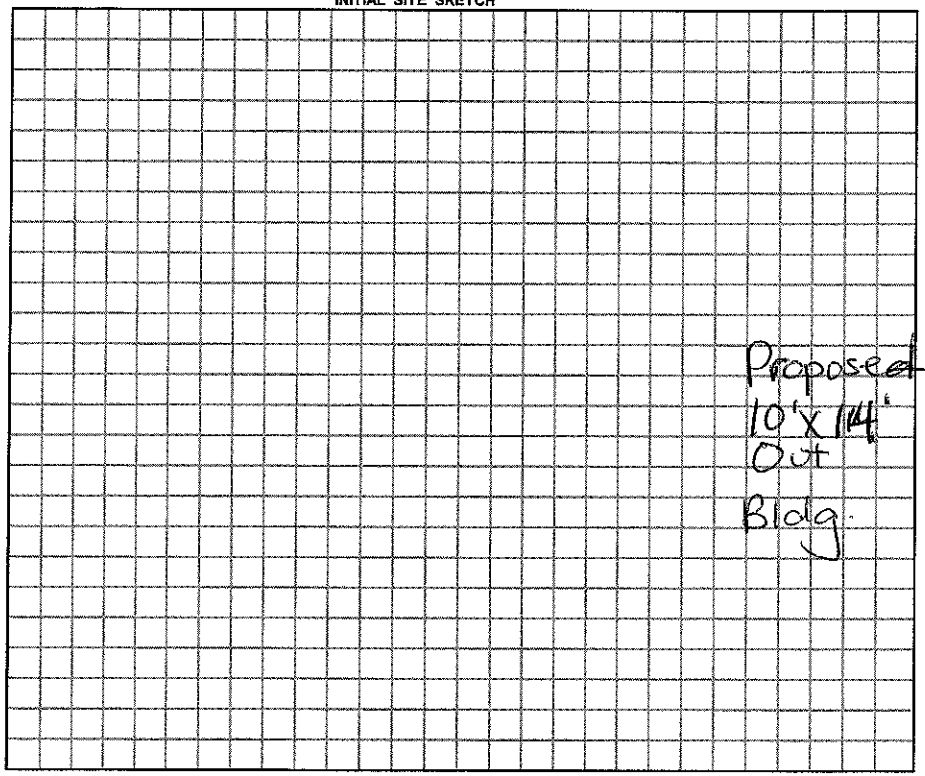
☐ Slab ☐ Crawl Space ☐ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

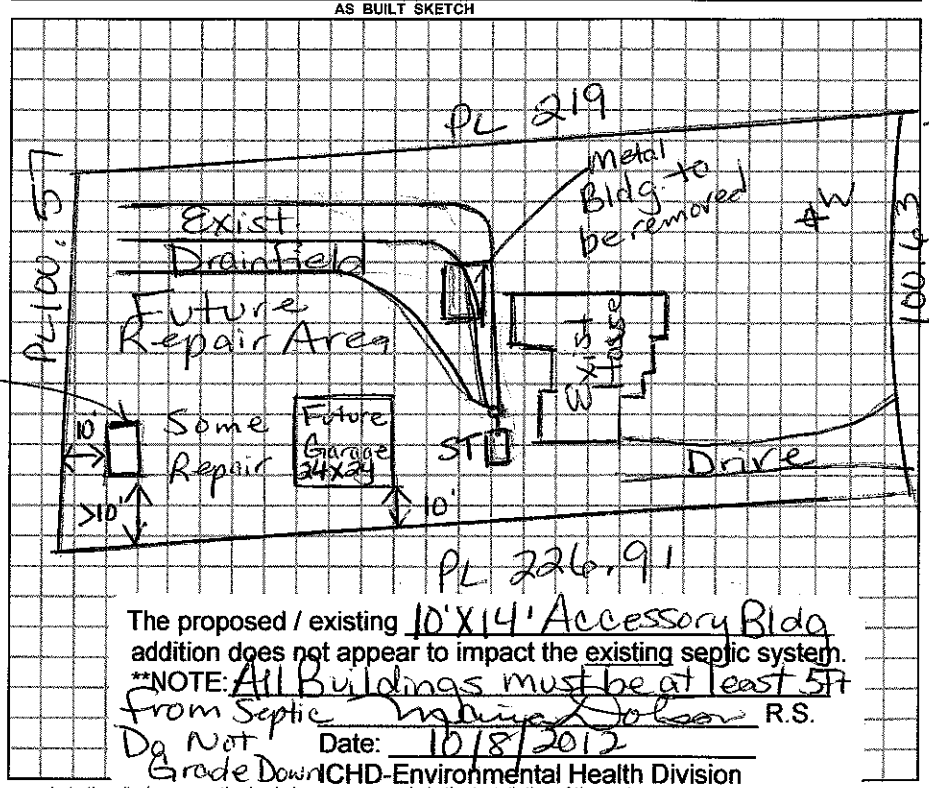
Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing 10'X14' Accessory Bldg addition does not appear to impact the existing septic system.

**NOTE: All Buildings must be at least 5ft from Septic Do Not Grade Down

R.S.

Date: 10/8/2012

CHD-Environmental Health Division

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / 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 _____

Improvement Permit by: _____ Date _____

Authorzation to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Rowan Septic 11/3/1993

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____ Date: _____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant