# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217885

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

PIN # 4648-34-7978

APPLICANT: Dan Preiss APPLICANT ADDRESS: 678 Big Indian Loop Mooresville

SITE ADDRESS: 678 Big Indian Loop Mooresville PHONE: 704-406-8117 ALT. PHONE:

SITE DIRECTIONS: Rt 150 West → R on Bluefield → L on Big Indian Loop → Bear Right → Howe on Left

SUBDIVISION: Indian Hill SECTION: III LOT # 41 LOT AREA: 1.50 acres DESIGN FLOW: 480 gal/day L.T.A.R.: Existing

Septic Tank Exist 1500 (gal) STB Ex8 Date ≈ 2000
Pump Tank Exist 1000 (gal) PT Exist Date ≈ 2000
Pump Make ____ Model ____ Serial # ____
# Nitrification Fields 1 Ex # Lines 1-4 Linear Ft: 400
Trench Width 36" Ex Max Trench Bottom Depth 19 Gravel Depth ____

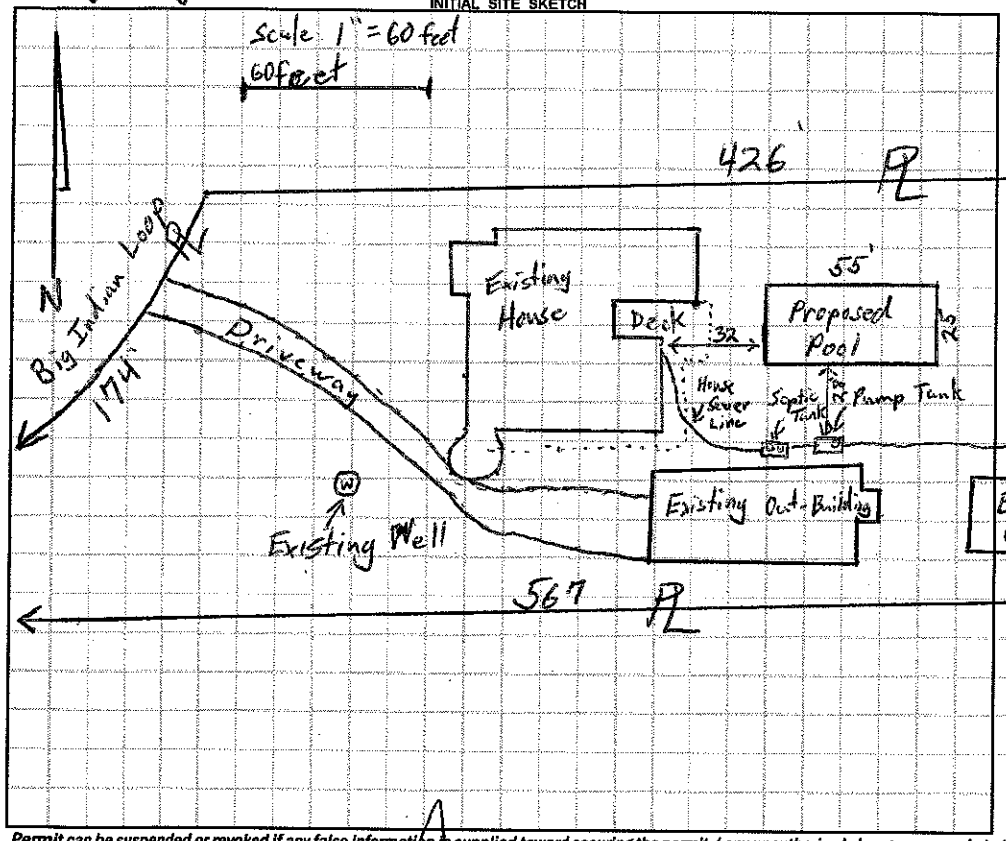
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Existing - PM 25% Reduction
Repair System Description: Existing Same
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

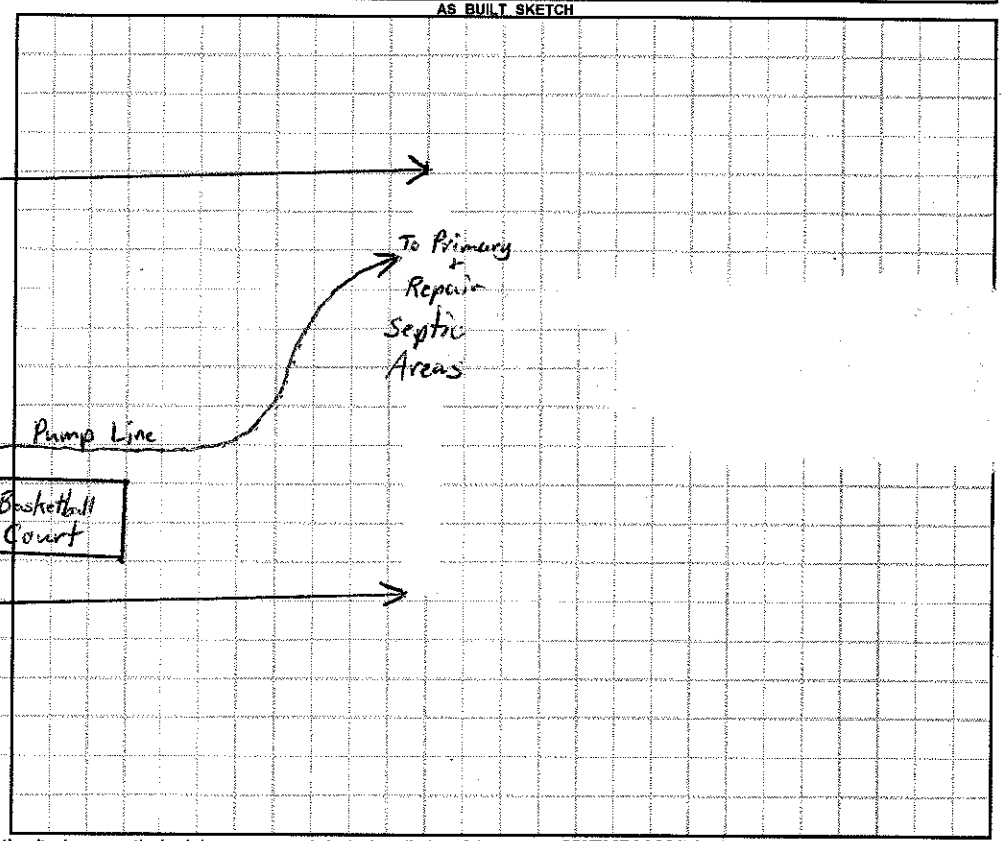
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Approval is for a 25' x 55' pool. System appeared functional @ time of inspection. Recommend pumping the septic tank every 3-5 years.
Original system installed 1/3/2000

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: Dan Preiss Date: 5-18-16 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Tom Shuck Date: 5-9-2016

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