IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) ~~878-5305~~ AR Mooresville Office (704) 660-3625 PERMIT # 209877

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

PIN # 4648452031

APPLICANT: Paul Monroe / Kemp Custom Homes APPLICANT ADDRESS: 631-200B Brawley School Rd Ste 407-114 Mooresville, NC

SITE ADDRESS: 1816 Big Indian Lp Mooresville, NC 28117 PHONE: 7046349850 ALT. PHONE: 252 342-8906

SITE DIRECTIONS: Hwy 150 W. TR Bluefield TL Big Indian Lp 90 right at fork on left

SUBDIVISION: Indian Hill SECTION: 2 LOT #: 20 LOT AREA: 1.08 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

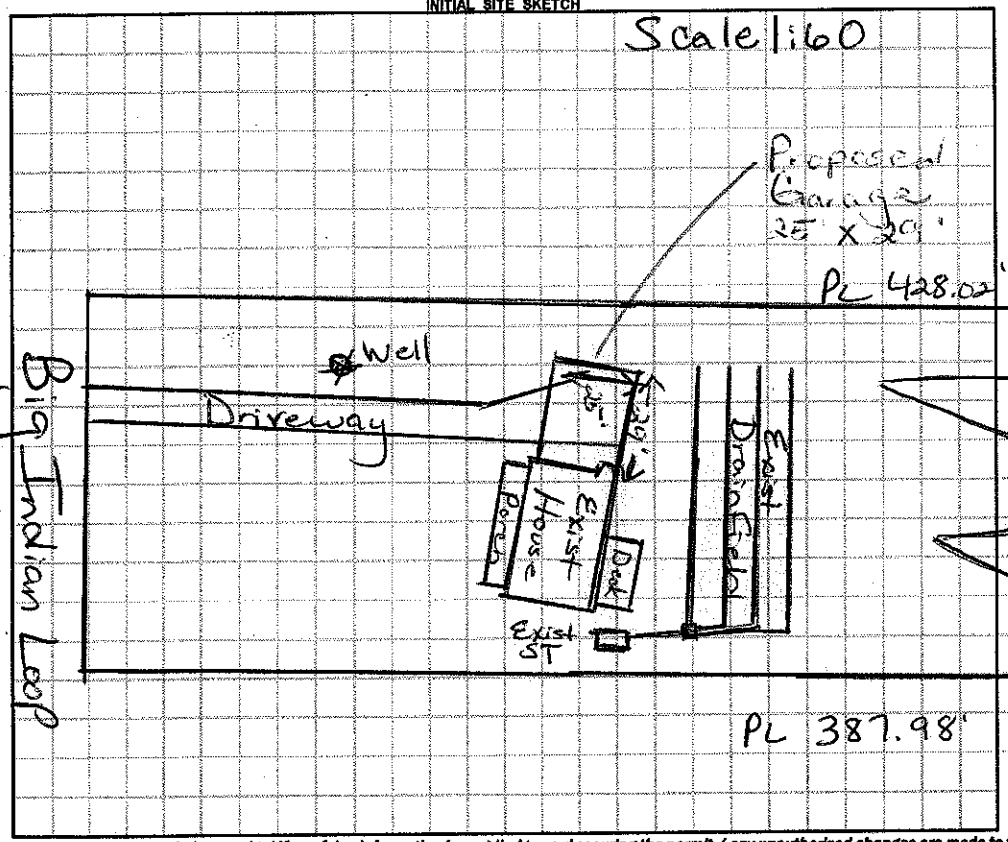
Exist

Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Existing Gravity - 25% Reduction		☐ Business	No. Persons	6	☒ Private
Pump Make	Model		Serial #	Repair System Description: Panel Block		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	4	Linear Ft: 900'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36" Max. Trench Bottom Depth	36"	Gravel Depth N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

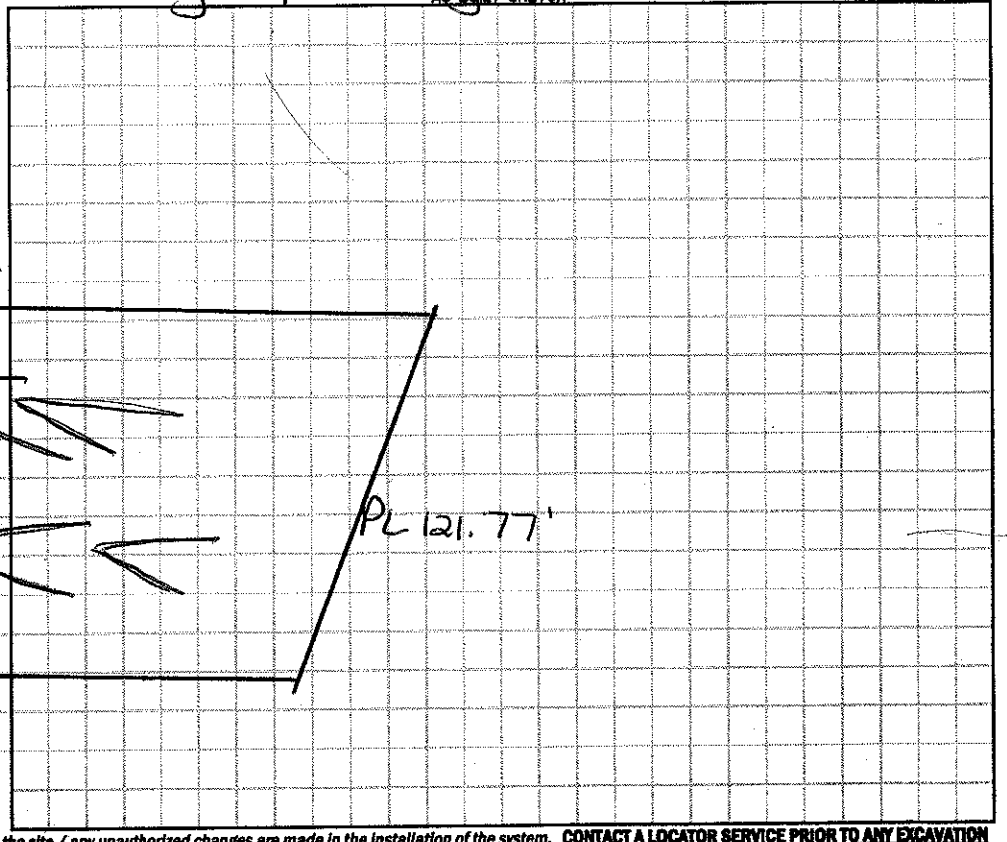
Comments / Conditions:

The proposed Garage meets setbacks to Septic System and well. There does not appear to be any impact to the existing Septic System.

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 plot 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: 6/1/15 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Maria [illegible] RS Date: 5/21/15

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