IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 37322 PIN# 4648869322 DATE 8-11-06

OWNER OR APPLICANT Nathan Whitener PHONE: Business 658-6399 Home 663-3478

ADDRESS 450 Cornelius Rd Mooresville, NC 28117

LOCATION Hwy 21 TL Cornelius property on right before Dorthy Lane.

SUBDIVISION ___ BLOCK / SECTION ___ LOT ___ LOT AREA .5 acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .35

Exist.

Septic Tank: 1000 Gallons; STB ___ Date ___

Pump Tank: ___ Gallons; PT ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 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: Existing Gravity - Conventional

Repair System Description: Pump-LP-Paned Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☑ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

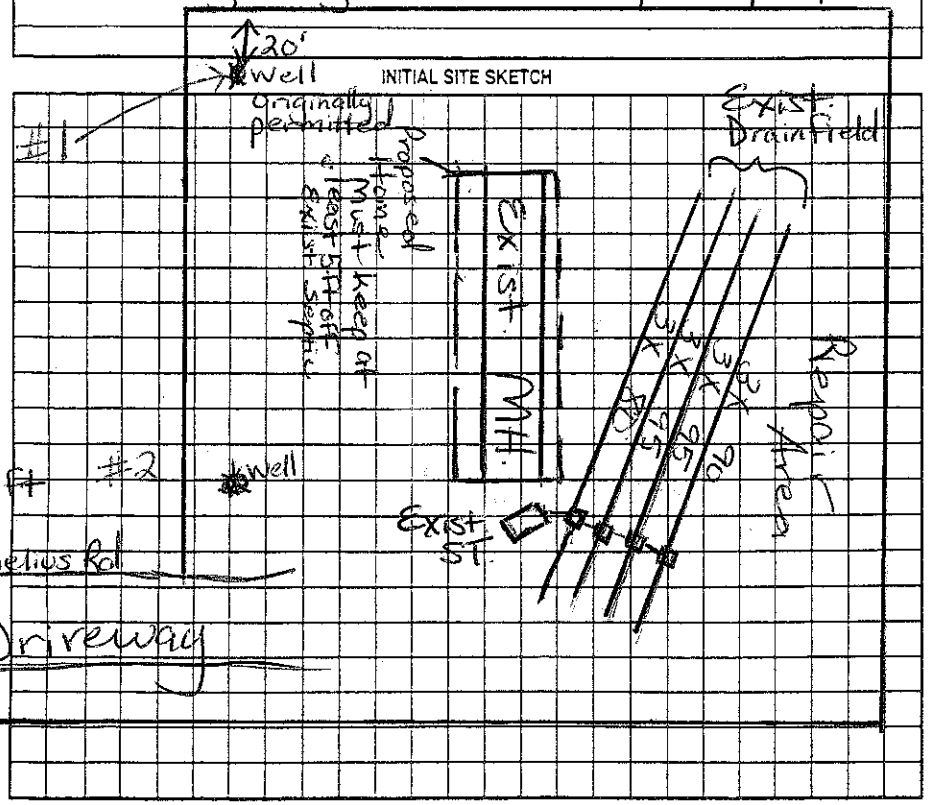
☐ Other ___

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Existing Septic System appears to be Functioning OKay at time of inspection, No problems.

INITIAL SITE SKETCH



Comments/Conditions: Note: Option #1 for well where is was originally permitted must be at least 20Ft from any property line & Greater than 50Ft to any Existing Septic Systems.

AS BUILT SKETCH

*Notify Health Dept when Drilling well to verify Setbacks to Neighbor(s) Drainfields.

Well 30Ft to House, 70' to Neighbors Drainfield

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 with plat 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: ___ date ___

Improvement Permit by: Maina H. Dotson RS date 8/11/06

Authorization to Construct by: Maina H. Dotson RS date 8/11/06

Installed by: ___

Operation Permit by: ___ date ___

Existing System Inspection by: Maina H. Dotson RS date 8/11/06

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