IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) ~~660-3625~~ RA PERMIT # 209068

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

PIN # 4649-04-3350.000

APPLICANT: George Bethune APPLICANT ADDRESS: 146 Harbor Crest Ln.

SITE ADDRESS: 119 San Agustin Dr. Mooresville NC PHONE: 980-722-0635 ALT. PHONE:

SITE DIRECTIONS: Perth, TL Bells Crossing Dr, TL San Agustin, Site on L

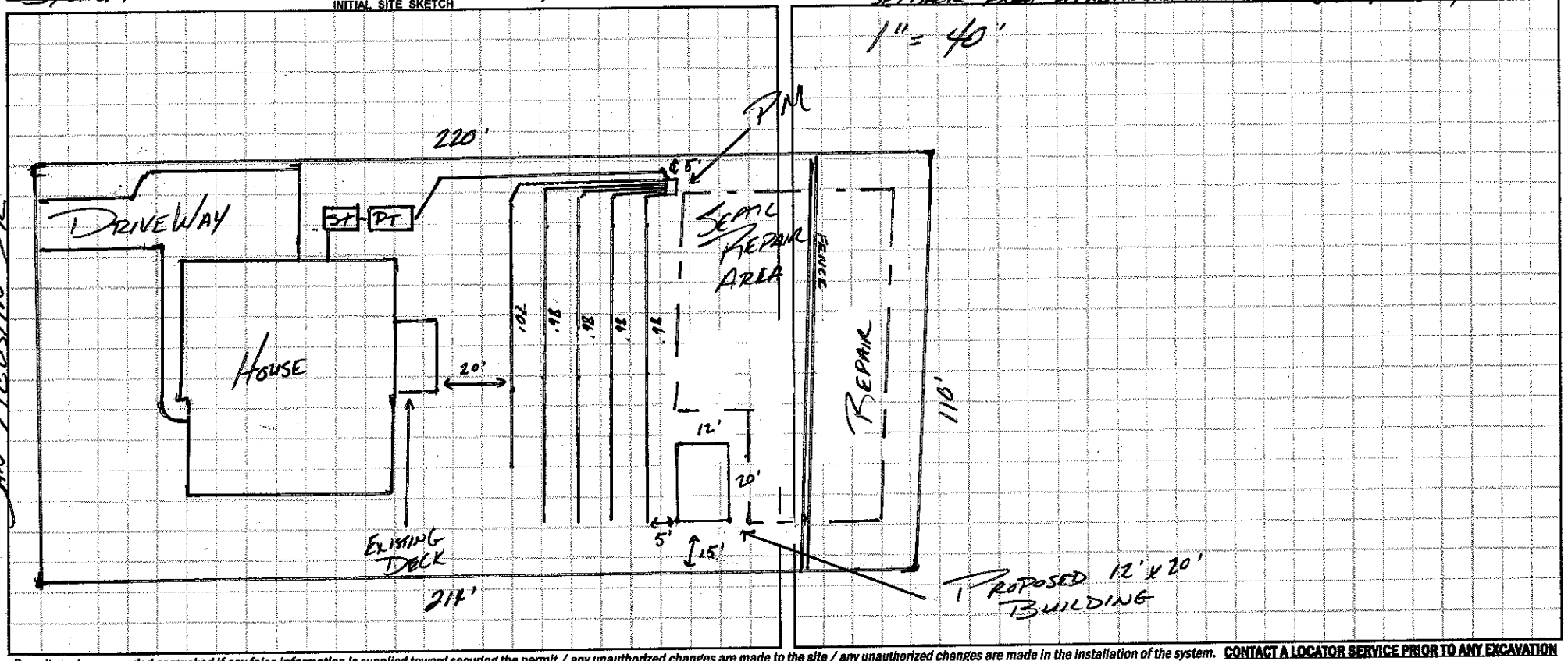
SUBDIVISION: Bells Crossing SECTION: 1 LOT # 12 LOT AREA: .57 Acre DESIGN FLOW: Ex. 480 L.T.A.R.: Ex. .3

Septic Tank Ex (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank Ex (gal)	PT	Date	System Description: Existing 25% Gravity		☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: Existing		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines Ex 5	Linear Ft: Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☒ Community
Trench Width Ex.	Max. Trench Bottom Depth Ex.	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: This Permit is for Adding A roof over Existing Deck. Does not Affect To Effect Septic System. System was Functioning Properly at Time of Inspection.

* Extra Repair was Initially layed out. OK to Plot 12' x 20' Building where located on Permit. 5' setback from septic. As Built Sketch 15' off property line.

INITIAL SITE 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: George Bethune Date: 4-13-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED APR 10 2015

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