IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206346

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

PIN # 4699682218

APPLICANT: Oakwood Homes for Michael Moore APPLICANT ADDRESS: ~~135 Tradewinds Court Mo~~ 1265 Hwy 70 Newton NC 28658

SITE ADDRESS: 135 Tradewinds Court Mooresville NC 28115 PHONE: (704) 995 5686 ALT. PHONE:

SITE DIRECTIONS: Go I-77 N TR at Exit 42 Trowman to US 115 South TR on Sailswind TL on Tradewind lot on left

SUBDIVISION: Windward Point SECTION: 2 LOT # 134 LOT AREA: DESIGN FLOW: 360 L.T.A.R.:

Septic Tank existing 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 320
Trench Width 36" Max. Trench Bottom Depth Gravel Depth

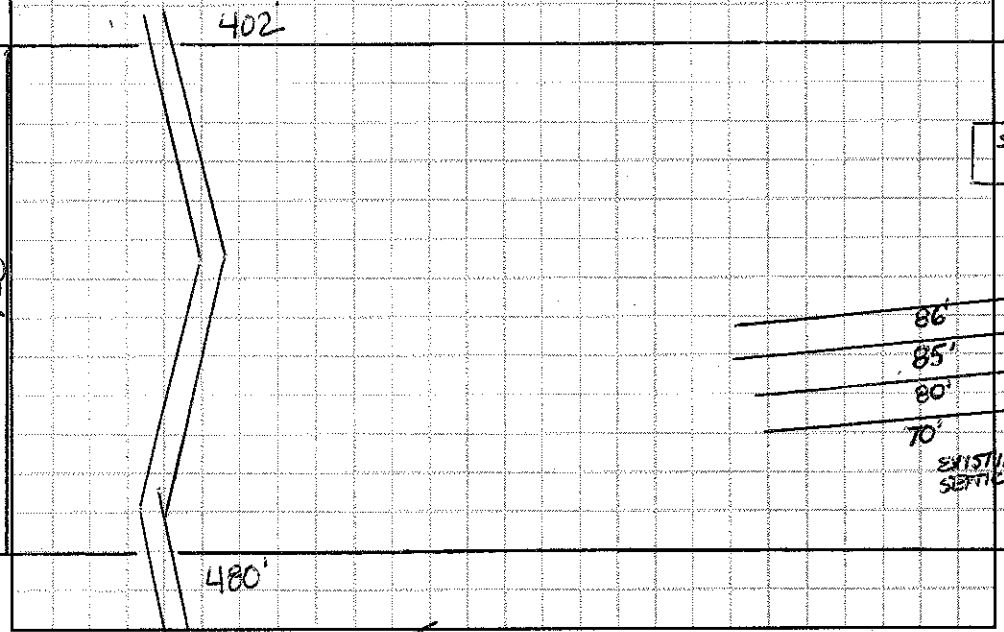
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: gravity 25% reduction chamber
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO ☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

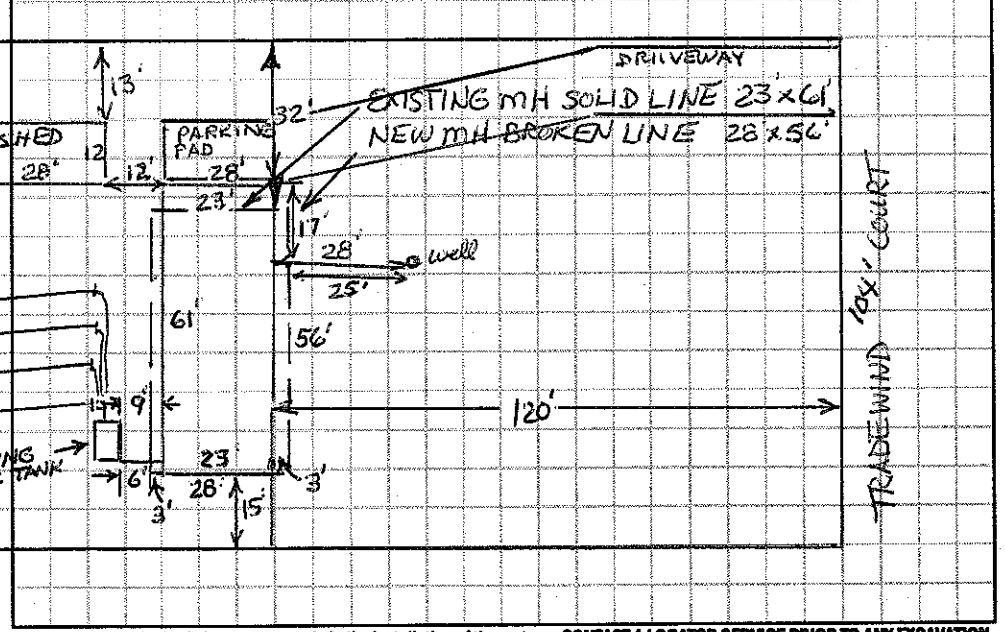
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Foundation for new mobile home must be ~~min~~ 25' from existing well. Existing MH is 28' from well. New mobile home must be 5' min from existing septic tank and drain lines. Existing mobile home is abv 9' from tank and drain lines. Existing mobile home must be removed when new mobile home arrives. No increase in bedrooms or daily design wastewater use.

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: Date: 5/8/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Richard Farris Date: 10/27/14

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