IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21737-2

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

PIN # 4654482032

APPLICANT: GT Contracting of the Carolinas APPLICANT ADDRESS: 4033 Dearborn Pl Concord, NC 28027

SITE ADDRESS: 188 Presbyterian Rd Mooresville, NC PHONE: 7046770273 ALT. PHONE: 704 788-9976

SITE DIRECTIONS: Hwy 115 South TL Presbyterian Rd house on right

SUBDIVISION: Maidaree Cornelius SECTION: — LOT # 92 LOT AREA: .94 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3+

Septic Tank 1000 (gal) STB INFILTRATOR Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 200'
Trench Width min 24" Max. Trench Bottom Depth Gravel Depth N/A

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI
System Description: Gravity - PPBPS
Repair System Description: Same
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

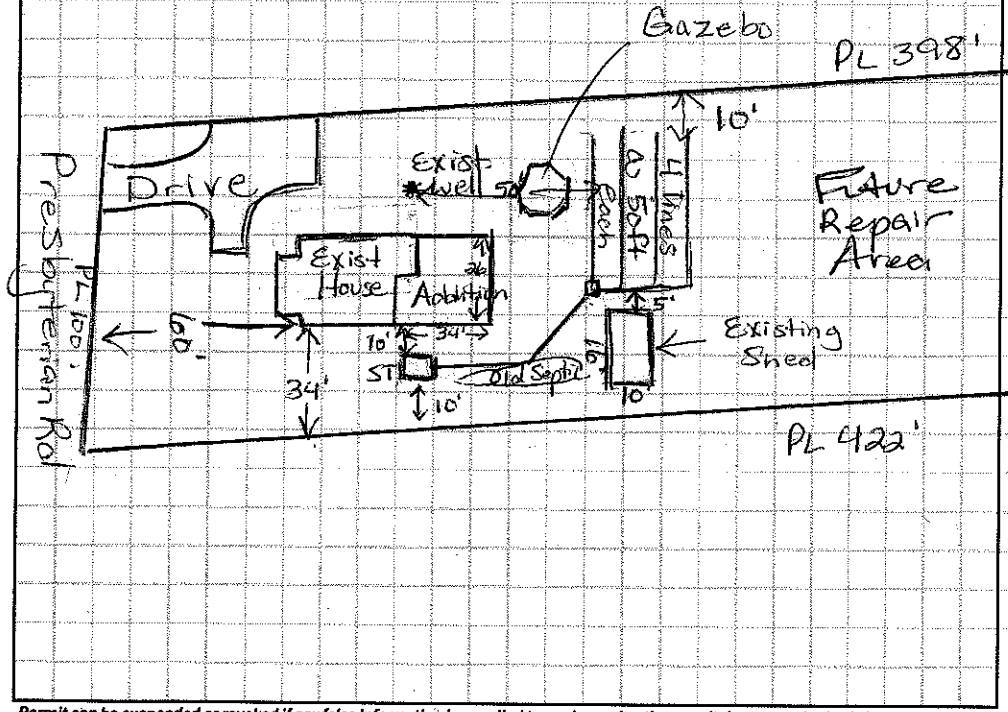
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Upgrading number of bedrooms From 2 Bedrooms to 3 Bedrooms. Installing a brand new Septic System for 3 Bedrooms

"Property Abandon" old Septic tank, Keep Septic at least 5ft From any building & greater than 50ft From well.

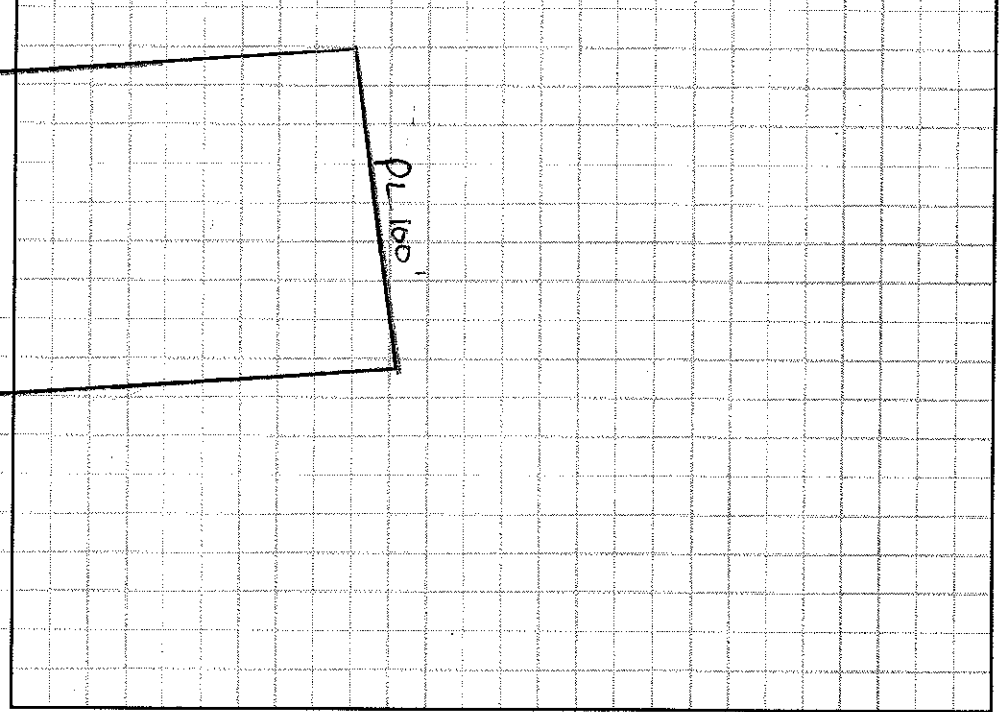
INITIAL SITE SKETCH

*Well variance attached. Scale 1:60



AS BUILT SKETCH

Note: Site has well Variance for Existing well.



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: Paul M. Date: 5/19/16 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 5/16/16 OPERATION PERMIT by: Date: 6-7-16

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 5/16/16 Existing System Inspected by: Date:

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