IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2160 215918

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

PIN # 4659-97-5311

APPLICANT: Jacob Whitlaw APPLICANT ADDRESS: 218 Canterbury Place Rd. Mooresville, NC 28115

SITE ADDRESS: 218 Canterbury Place Rd. Mooresville NC 28115 PHONE: 706-260-7357 ALT. PHONE:

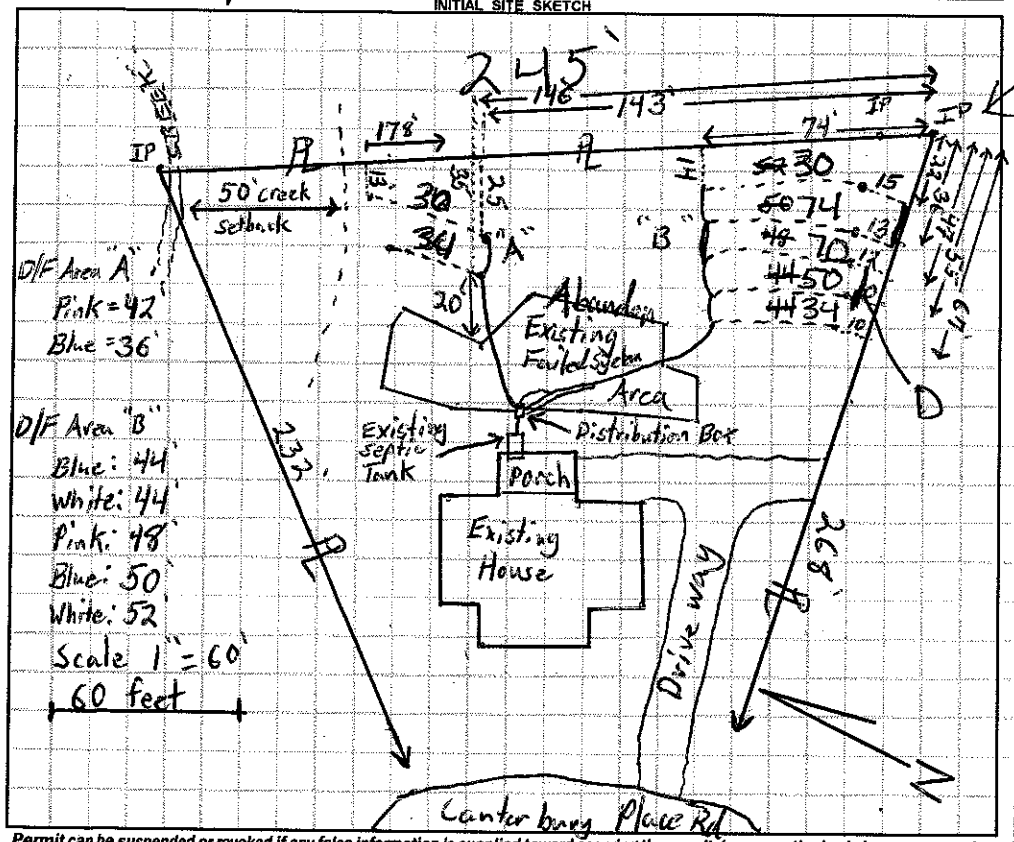
SITE DIRECTIONS: Shearers Rd south from Mooresville → TR onto Presbyterian Rd → TL onto Canterbury Place → Residence @ end.

SUBDIVISION: Davidson Downes SECTION: — LOT # 19 LOT AREA: 0.912 acres DESIGN FLOW: 360 gal/day L.T.A.R.: 0.3

Septic Tank	1000 (Existing) (gal)	STB Existing	Date Unknown	☐ 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: 25% Reduction	☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model —	Serial # —	Repair System Description: —	☐ Other	No. Employees —	☐ Public
# Nitrification Fields	3	# Lines 7	Linear Ft: 316	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☒ Community
Trench Width	36	Max. Trench Bottom Depth 31	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: 75% of flow to be directed to larger drainfield repair area "B" and 25% of flow to be conveyed to repair area "A". Replace outlet tee on septic tank with effluent filter as needed. Recommend replacement of both septic tank (to meet setbacks from porch footers) and distribution box. Serial Distribution required. Follow all NC septic rules. Strongly recommend pumping Septic tank every 3-5 years. Old system area to be abandoned.

INITIAL SITE SKETCH



AS BUILT SKETCH

Upper 2 ditches parrallel to an existing line

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: [signature] Date: 01/22/16 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 1-25-16 OPERATION PERMIT by: [signature] Date: 10/17/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1-25-16 Existing System Inspected by: Date:

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