# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080733 PIN# 4655 24 6570 DATE 11/6/01

OWNER OR CONTRACTOR Mark Prior PHONE: Business _____ Home 896-8235

ADDRESS 108 Glenmont Ct. Mooresville, NC 28117

LOCATION 115 S TL East past TR TR TL Echo Drive, TR 2nd drive to house

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~1.2Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 786 Date 8/16/01
Pump Tank: 1000 Gallons; PT 40 Date 9/1/01
Pump Make: HYDROMATIC Model SK50A1 Serial No. 9/6/01
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 3 Max Trench Bottom Depth 3 Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pressure → Conventional
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☐ Community

Comments:/Conditions:

The proposed / existing GARAGE addition does not appear to impact the existing septic system.

**NOTE: _____

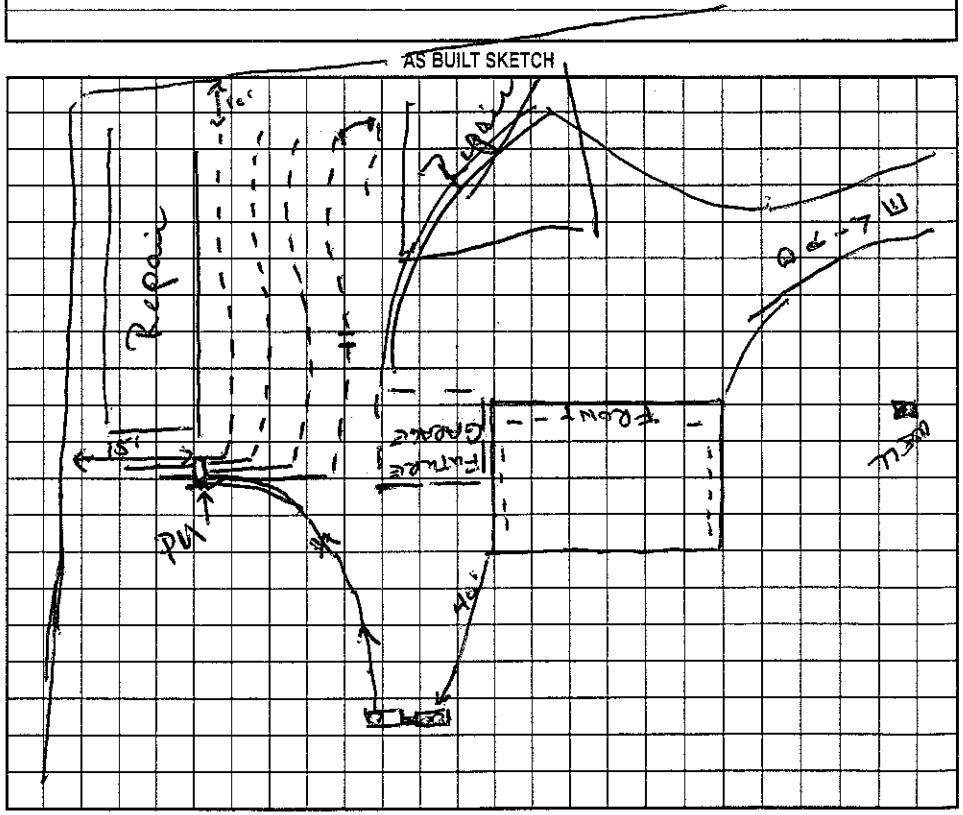
Wesley Sparks REHS

Date: 7/14/2010

ICHD-Environmental Health Division

Comments:/Conditions:

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. 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: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Dennis Hoyle Services

Operation Permit by: Wesley Sparks R.S. date 11/14/01

Existing System Inspection by: _____ date _____

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