IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4655 28 3317 3435

APPLICANT: David Bregoli APPLICANT ADDRESS: 234 Fremont Lp Mooresville NC 28115

SITE ADDRESS: 234 Fremont Lp Mooresville NC 28115 PHONE: 704-798-9666 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 South, Lt on Faith Rd, Lt on second Fremont Lp, house on Lt

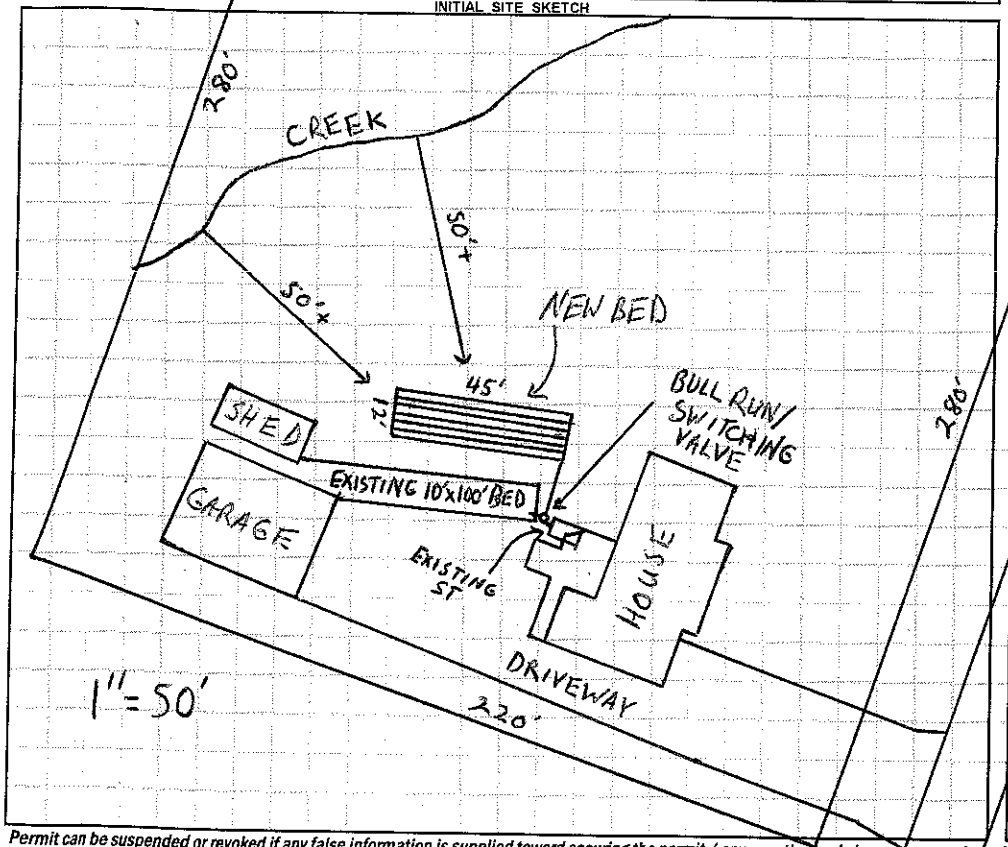
SUBDIVISION: Fremont Park SECTION: 1 LOT # 16,15, P/O 14 LOT AREA: 1.41 ac DESIGN FLOW: 360 L.T.A.R.:

Septic Tank	EXISTING (gal)	STB		Date		☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	12x45' BED		
Pump Make		Model		Serial #		Repair System Description:			
# Nitrification Fields	1	# Lines	5 in 12x45' BED	Linear Ft:	45'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	12'	Max. Trench Bottom Depth	36"	Gravel Depth	18"		☒ GRAVITY	☐ PRESSURE	

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

Comments / Conditions: INSTALL BULL RUN VALVE TO ALLOW FUTURE SWITCHING BETWEEN SYSTEMS, 2 FT PIPE SEPARATION IN BED

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Drawn

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: 10-8-13 Installed by: Tuckers Hauling and Grading Inc

IMPROVEMENT PERMIT by: Date: 10-3-13 OPERATION PERMIT by: Date: 11-25-13

AUTHORIZATION TO CONSTRUCT by: Date: 10-3-13 Existing System Inspected by: Date:

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