IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 1601669 PIN # 4655335720 DATE 7-2-2010

OWNER or APPLICANT Diane Sterling PHONE: Business 704 650-6920 Home: 704 664-5410

OWNER or APPLICANT ADDRESS 328 Beaten Path Mooresville NC

LOCATION / DIRECTIONS Hwy 115 S TL Eastport Rd TR a Stop sign Property 3rd on right after gravel begins

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA _____ DESIGN FLOW 360 gpd L.T.A.R. _____

Septic Tank Exist Gallons: STB _____ Date _____

Pump Tank Exist Gallons: PT _____ Date _____

Pump Make Goulds Model 1/2 HP Serial # _____

Nitrification Field No Fields 1 No Lines 2 Linear Feet 300'

Trench Width _____ Max Trench Bottom Depth Existing Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: Existing Pump-Conventional

Repair System Description: Same.

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons _____ ☐ Other No. Employees _____

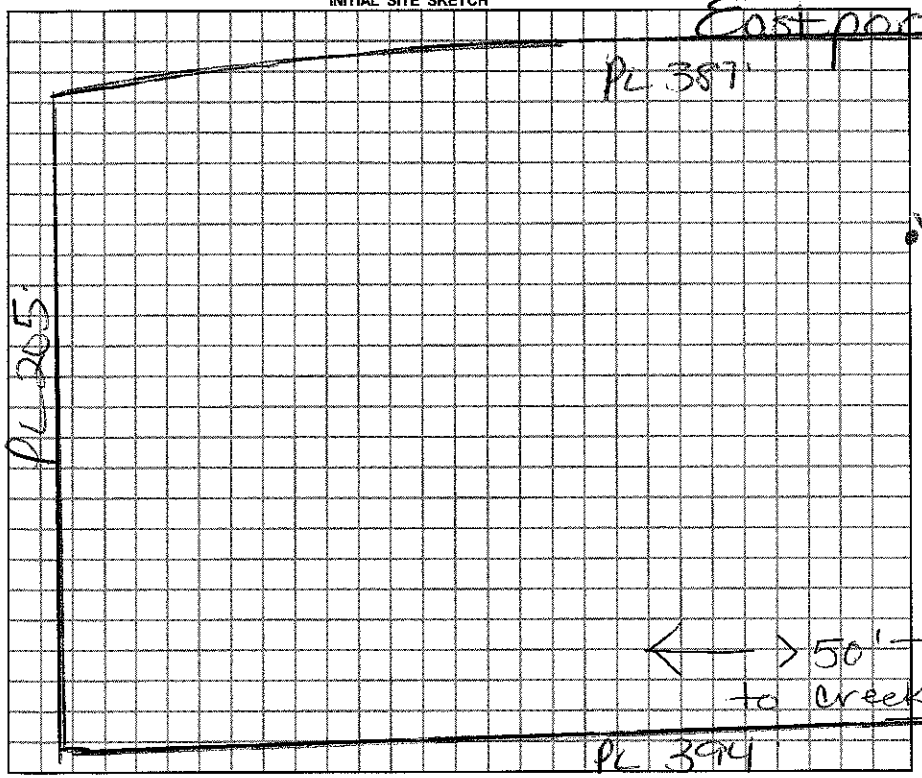
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

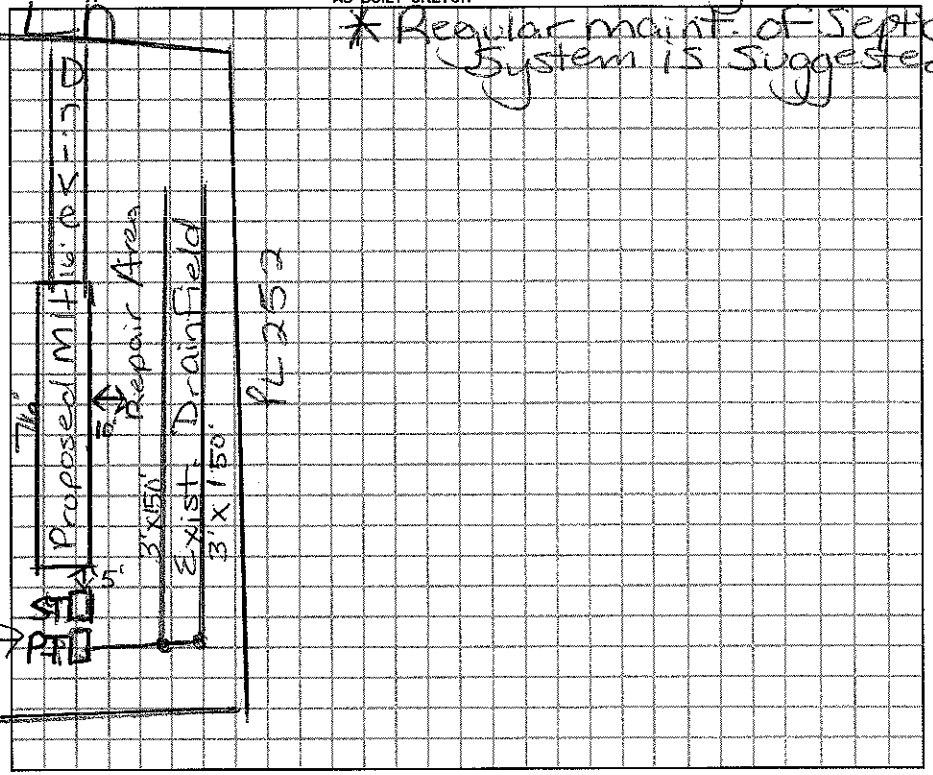
Comments / Conditions: Existing Septic System appears to be functioning okay at time of Inspeation.

Comments / Conditions: 6/29/2010 Tanks pumped & new Goulds 1/2 HP pump installed
* Keep New MH at least 5ft from ST & PT. (Repair Area btw MH & Existing Drainfield)
* Regular maint. of Septic System is Suggested.

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature X Diane Sterling Date 7/02/10

Improvement Permit by: _____ Date _____

Authorzation to Construct by: _____ Date _____

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: Maria H Dotson REHS Date: 7/2/2010

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant