IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 AHP Mooresville Office (704) 660-3625 PERMIT # 207903

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

PIN # 4655 345906

APPLICANT: Haus Builders/Brian Scott APPLICANT ADDRESS: P.O. Box 3983 Mooresville, NC 28117

SITE ADDRESS: 128 Tradition Ln Mooresville, NC PHONE: ALT. PHONE: 704 6225573 Eric

SITE DIRECTIONS: Hwy 115 S TL Faith Rd TR Midway Lake TR Tradition Ln at end on right

SUBDIVISION: The Home place SECTION: LOT # 4 LOT AREA: 2.99 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Exist Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 400'
Exist Trench Width 36" Max. Trench Bottom Depth Exist Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI
System Description: Existing Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

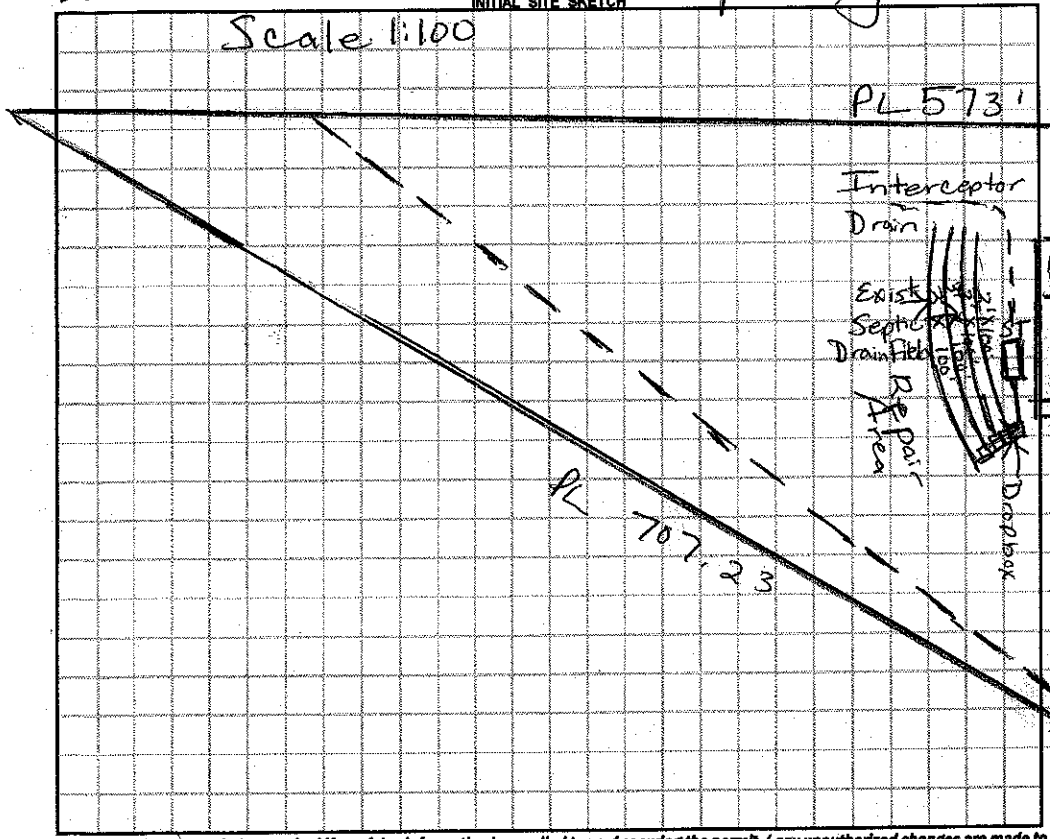
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

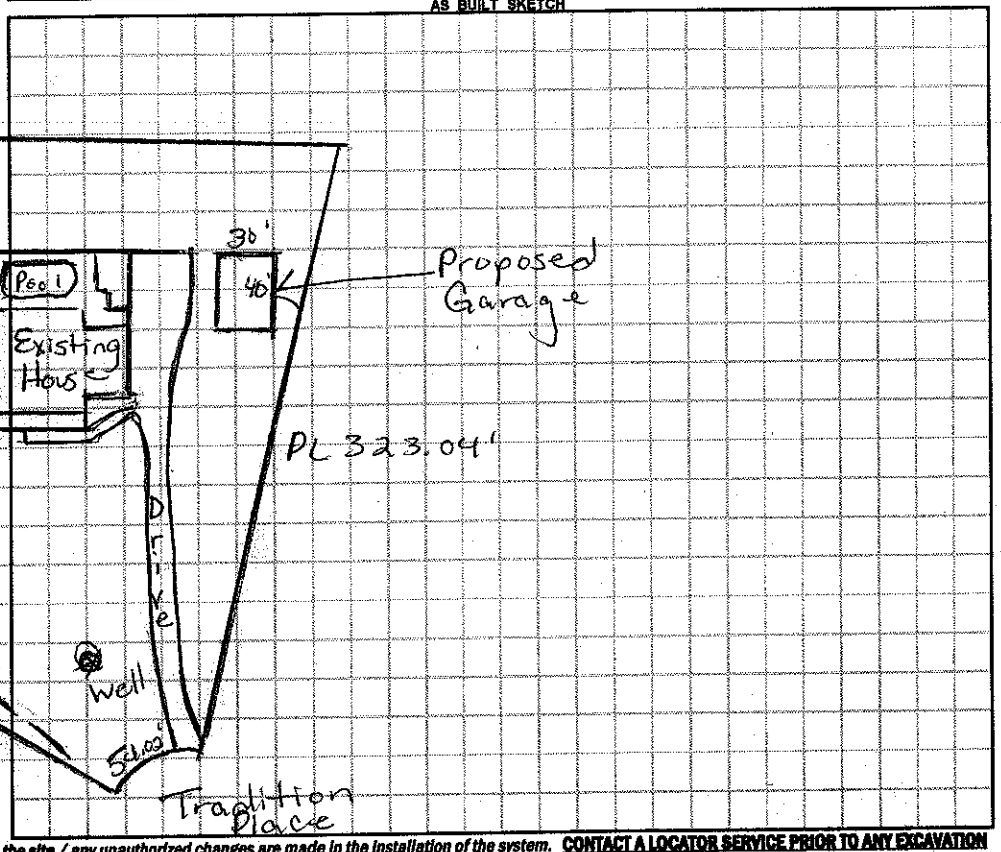
Comments / Conditions: The Existing Septic System "appears" to be functioning okay at the time of inspection
No vehicular traffic over Septic System.

The proposed Garage does not appear to impact the existing Septic System

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. **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: 2/6/15 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] RS Date: 2/5/15

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