# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083491 PIN# 4655612640 DATE 8-24-99

OWNER OR CONTRACTOR James Scott PHONE: Business (704) 896-7209 Home 763-8279

ADDRESS 328 Midway Lake Rd Mooresville NC 28115

LOCATION Hwy 115 to Faith Rd TR Midway Lk 1 mile on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT ___ LOT AREA .95 Acre SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines Exist Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Gravity - Conventional (3 Bed)

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms ___ No. Bathrooms ___ No. Employees ___

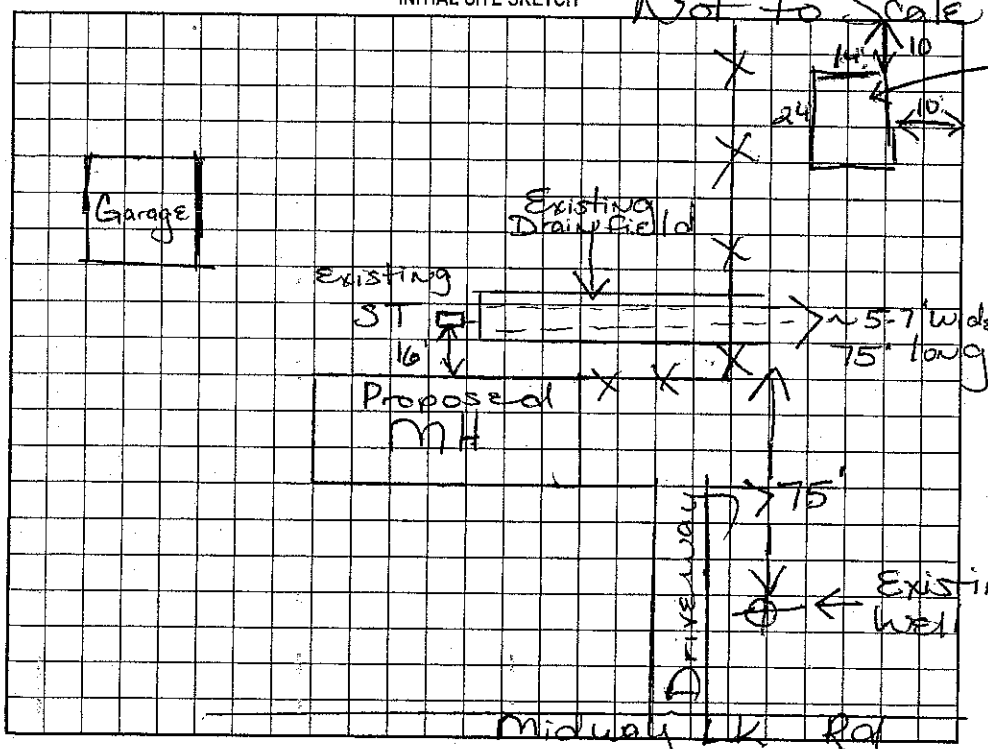
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

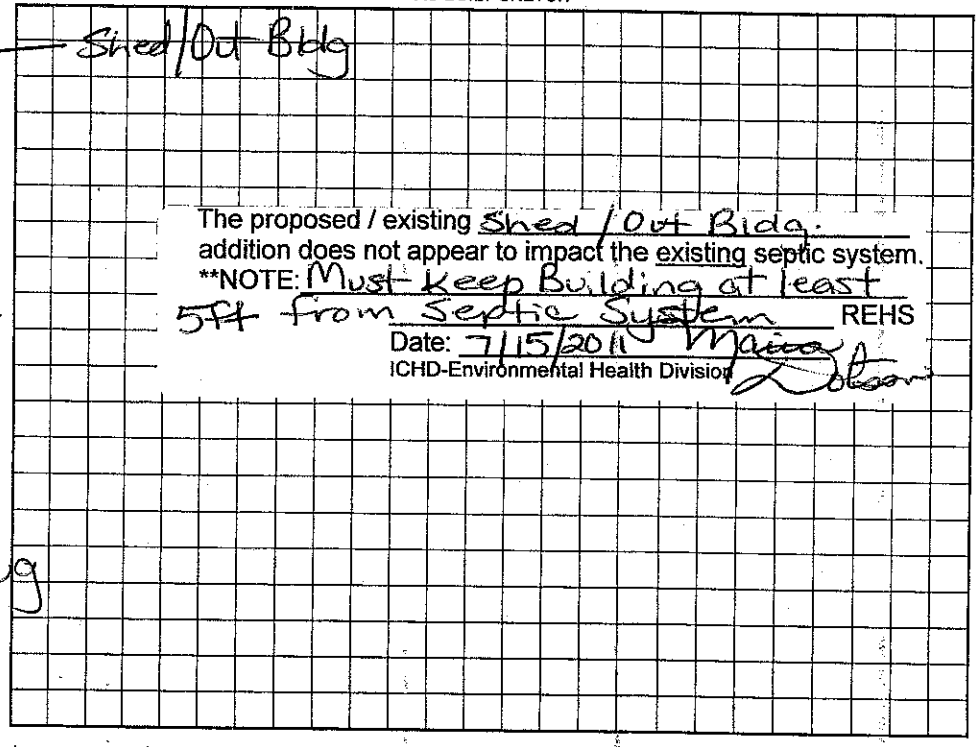
Comments:/Conditions: Existing Drainfield appears to be functioning okay at time of inspection, no problems noticed.

Comments:/Conditions: Okay to replace 3 Bedroom Singlewide with 3 Bedroom Doublewide.

INITIAL SITE SKETCH




AS BUILT SKETCH




The proposed / existing Shed / Out Bldg. addition does not appear to impact the existing septic system.

**NOTE: Must keep Building at least 5ft from Septic System

REHS

Date: 7/15/2011 Maria Dotson

ICHD-Environmental Health Division

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: X James E. Scott date _____

Improvement Permit by: Maria H. Dotson RS date 8/24/99

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: Maria Dotson date 8/24/9

Existing System Inspection by: Maria H. Dotson RS date 8/24/99

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