# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207503

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

PIN # 4655803602

APPLICANT: Elizabeth Marklin APPLICANT ADDRESS: 1165 Sweet Martha Dr. Mooresville, NC

SITE ADDRESS: 115 Fred Ln Mooresville, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 115 S TL Midway Lake TR Tammy Ln TR Fred Lane 2nd on left #115

SUBDIVISION: Wright Estates SECTION: LOT # 2 LOT AREA: .728ac DESIGN FLOW: 360gpd L.T.A.R.:

Existing

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 3 Linear Ft: 300

Trench Width 36" Max. Trench Bottom Depth Gravel Depth 12"

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

System Description: Existing Gravity - 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

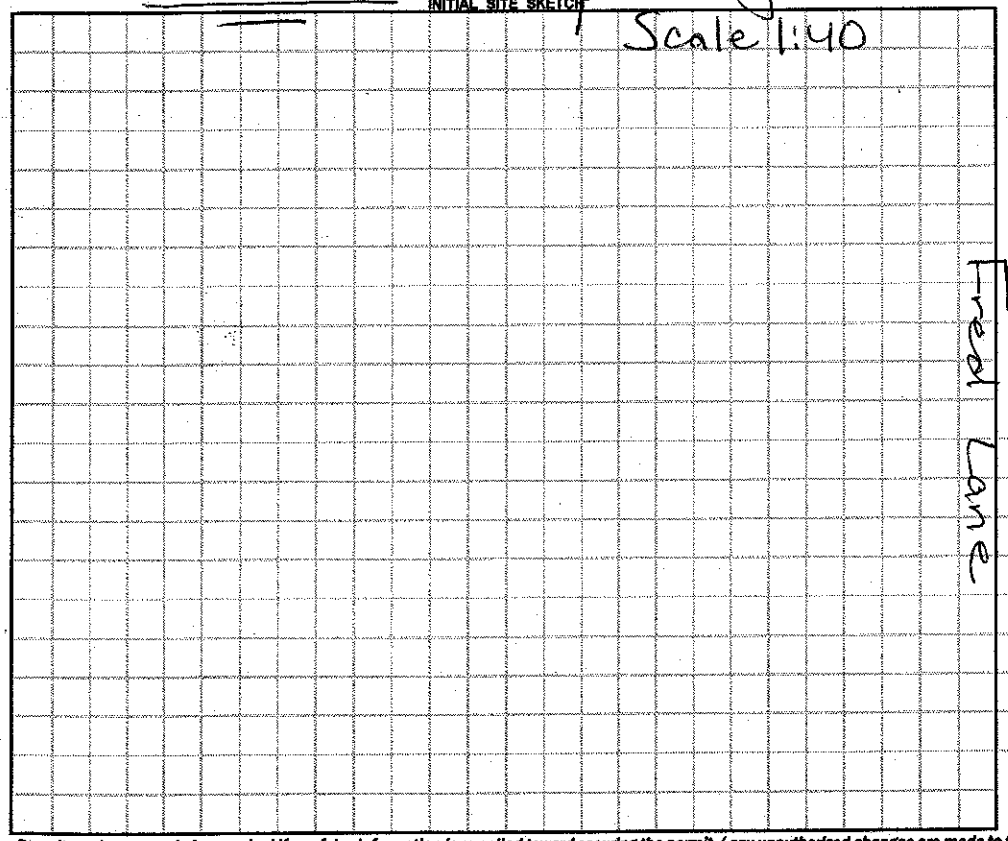
Water Supply: ☒ Private Shared ☐ Public ☐ Community

Comments / Conditions: Existing Septic System "appears" to be functioning okay at time of inspection. Must keep new home at least 5ft from Septic System.

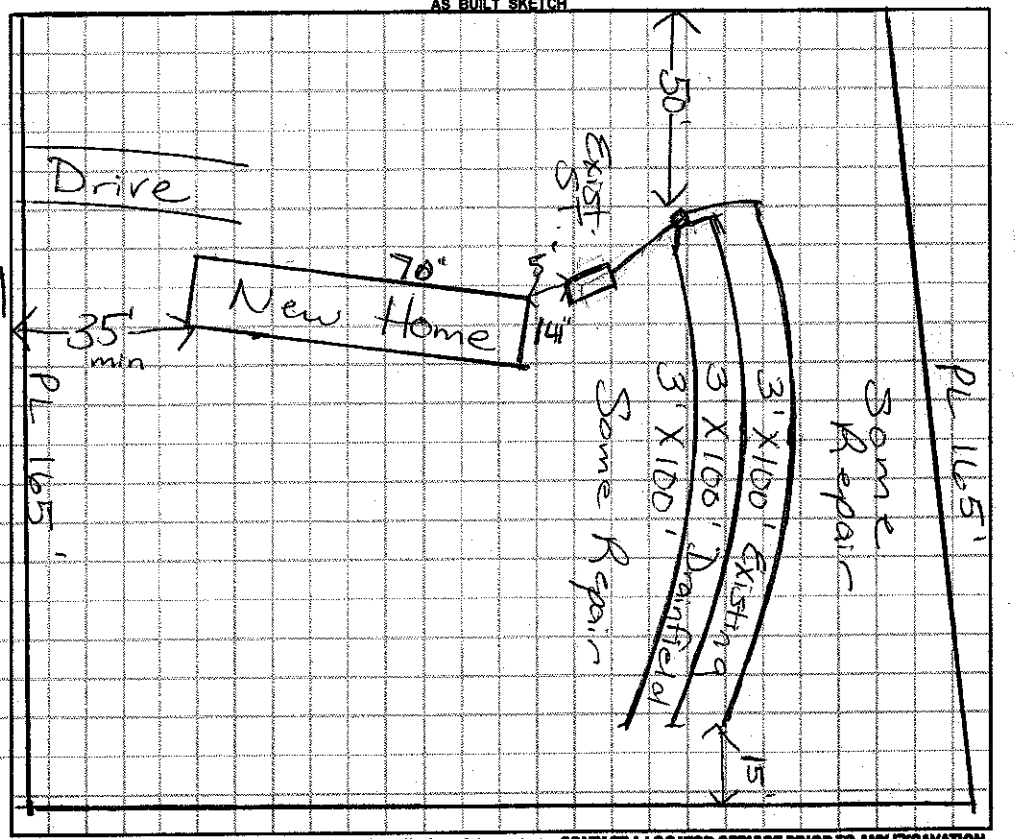
* Septic System sized for 3 Bedrooms

INITIAL SITE SKETCH

Scale 1:40




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: Elizabeth Marklin Date: 1-20-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Marian H. Dotson RS Date: 1/20/15

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