IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217776

BA

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

PIN # 4657-79-9946

APPLICANT: James Warren APPLICANT ADDRESS: 281 Rinehardt Rd Mooresville, NC

SITE ADDRESS: 281 Rinehardt Rd. Mooresville, NC PHONE: 980-722-6940 ALT. PHONE:

SITE DIRECTIONS: Rt 115 North from Rt 150 → Left onto Rinehardt Rd → After 90° turn house on left

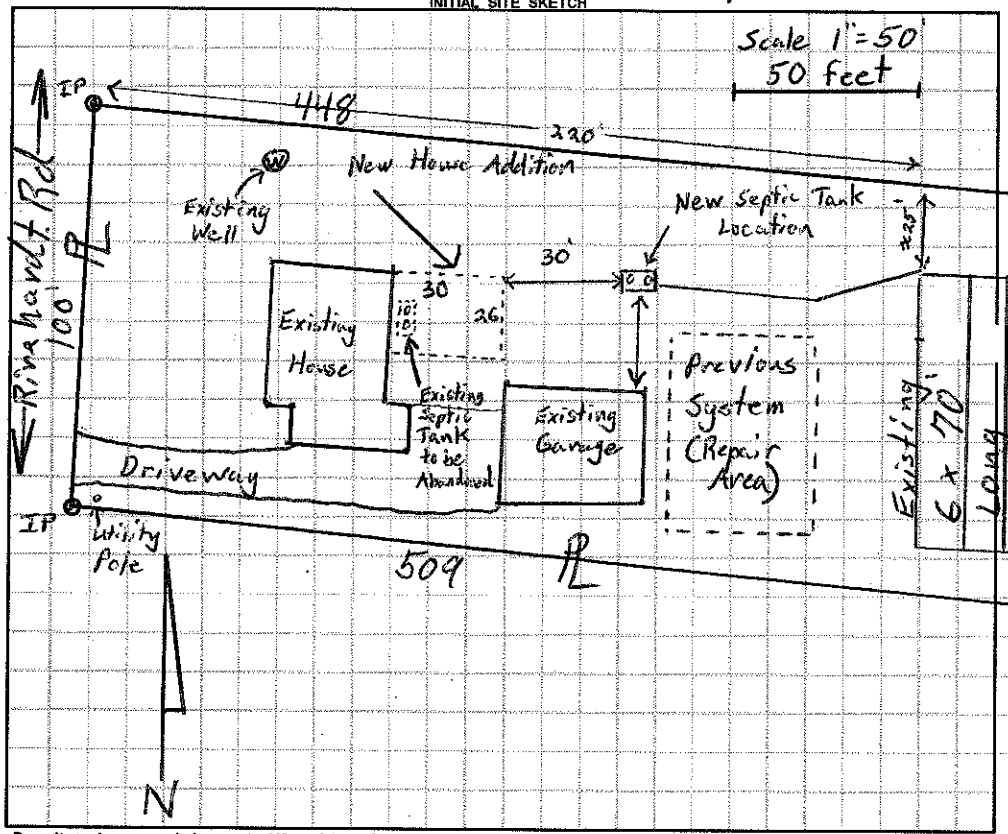
SUBDIVISION: SECTION: — LOT # — LOT AREA: 1.09 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.35 Existing

Septic Tank	1000 (gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Relocate Septic Tank w/ 25% Reduction (existing)		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Existing Conv.		
# Nitrification Fields	1	# Lines	6	Linear Ft:	420	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	12"		☒ GRAVITY	☐ PRESSURE	

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

Comments / Conditions: Existing septic tank to be pumped, lined and either 1.) Crushed in place or 2.) Filled with essentially self-leveling fill (gravel, sand or cement). New septic tank to be installed in location shown. Recommend septic tank be pumped every 3-5 years + keep all non-grass vegetation cut back 10' from all sewage disposal system components. Follow all N.C. septic rules.

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: Date: 5/2/16 Installed by: Russell Williams

IMPROVEMENT PERMIT by: Tom Shuck Date: 4-28-16 OPERATION PERMIT by: Date: 5-13-16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4-29-16 Existing System Inspected by: Date:

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