IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2100 83

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

PIN # 4659 36 8464

APPLICANT: Jack Kaufman APPLICANT ADDRESS: 148 Equestrian Dr Mooresville NC 28115

SITE ADDRESS: 148 Equestrian Dr Mooresville, NC PHONE: ALT. PHONE: 704 682-5156

SITE DIRECTIONS: US 21 / Hwy 115 N. TR Westmoreland TR Equestrian last house on right

SUBDIVISION: Laurel Wood SECTION: LOT # 9 LOT AREA: .597 Acre DESIGN FLOW: 360gpd LT.A.R.: .3-.25

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 280
Trench Width 24" Max. Trench Bottom Depth 32" Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Exist. Gravity - Panel Blk.
Repair System Description: Grav/Pump - Panel Blk.
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

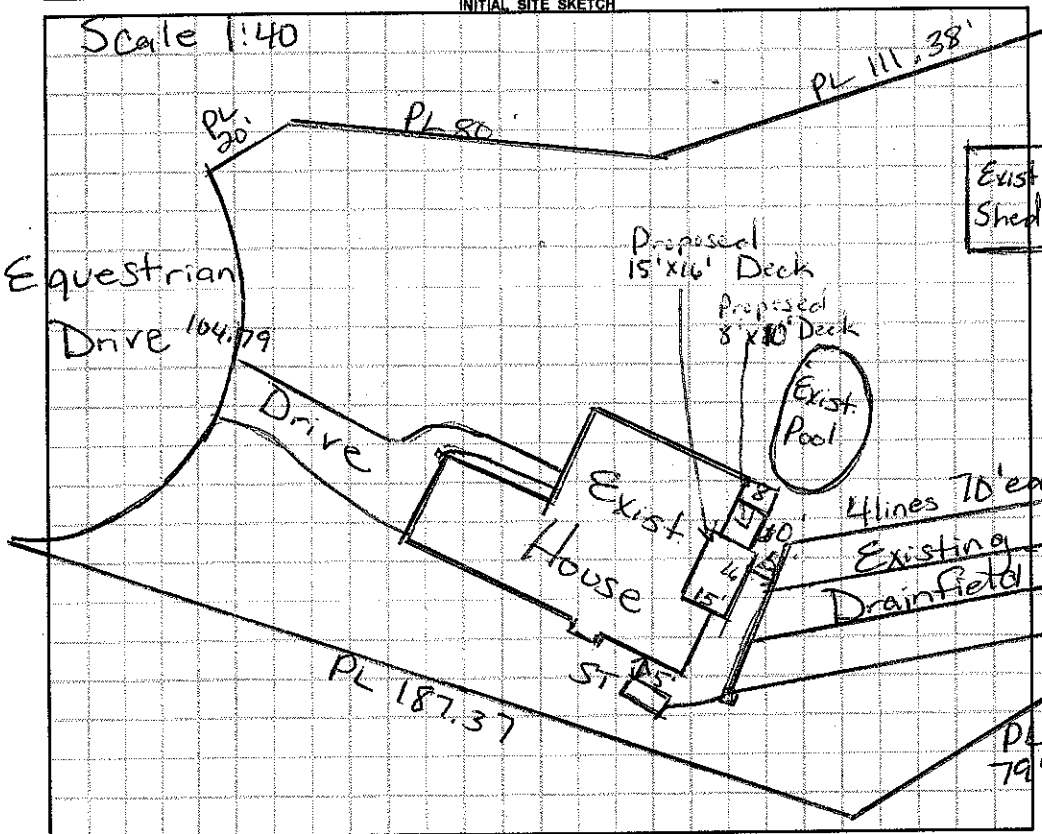
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☒ Other Deck No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

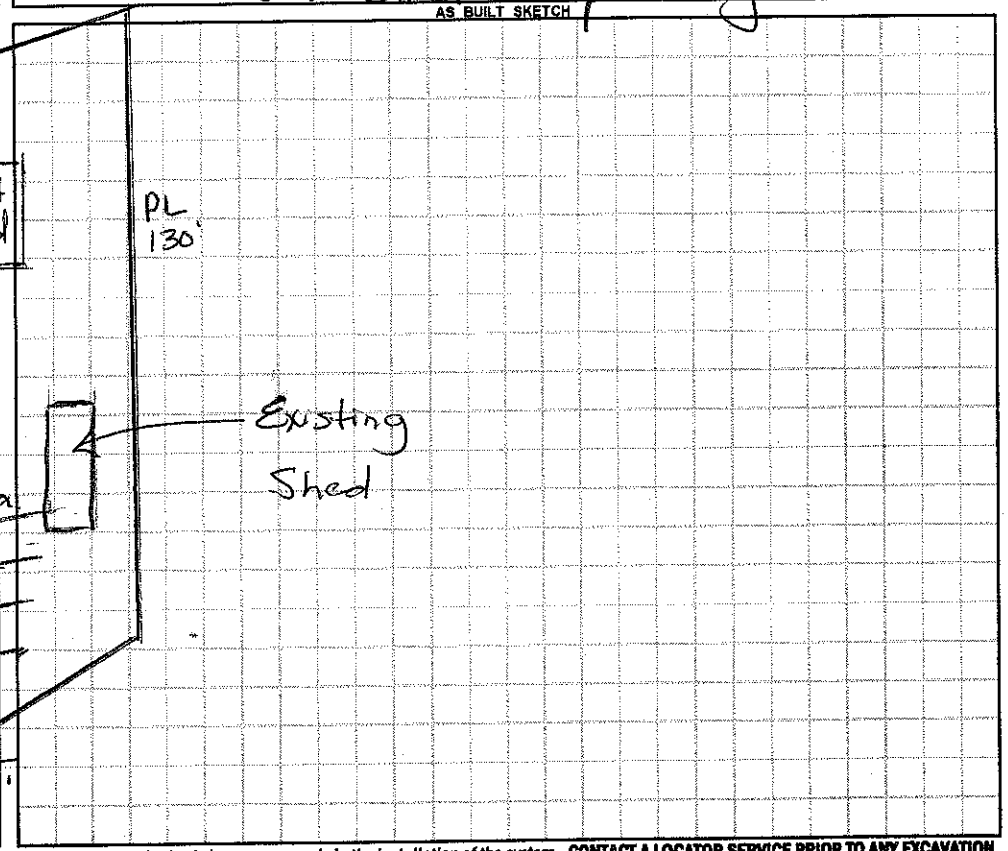
Comments / Conditions: Existing Septic System appears to be functioning ok at time of inspection

* Must keep Deck footers at least 5ft from Septic System. Proposed deck appears to meet setbacks from Exist. 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: Jack Kaufman Date: 6/3/2015 Installed by: F.J Ervin 6/95

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Mina Dotson RS Date: 6/1/15

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