IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216682

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

PIN # 4665-21-1433

APPLICANT: Kenneth Barnes APPLICANT ADDRESS: 250 Streamside Place Mooresville, NC 28115

SITE ADDRESS: 250 Streamside Place Mooresville, NC 28115 PHONE: 704-878-2912 ALT. PHONE:

SITE DIRECTIONS: Shearer's Rd South from Mooresville → Right on Streamside Place → on right @ end of road (cul-de-sac)

SUBDIVISION: Creeks Edge SECTION: LOT # 25 LOT AREA: 0.99 acres DESIGN FLOW: Existing 360 gpd T.A.R.: 0.30 [Existing]

Septic Tank Exist (gal) STB Date

Pump Tank Exist (gal) PT Date

Pump Make Exist Model Serial #

Nitrification Fields # Lines Linear Ft:

Trench Width EXISTING Max. Trench Bottom Depth Gravel Depth

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

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

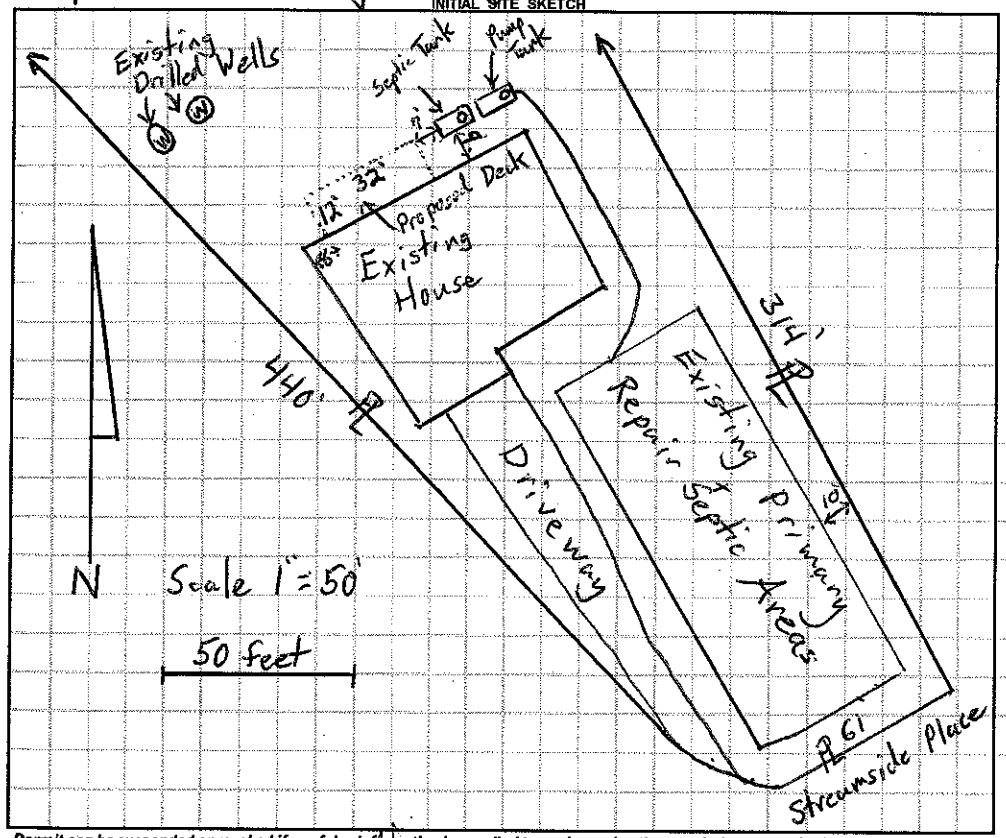
☒ Private

☐ Public

☐ Community

Comments / Conditions: Proposed 12' x 32' deck must be constructed in location as proposed. No part of deck may encroach within 5' of existing septic tank/pump tank. Recommend pumping septic tank every 3-5 years.

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**

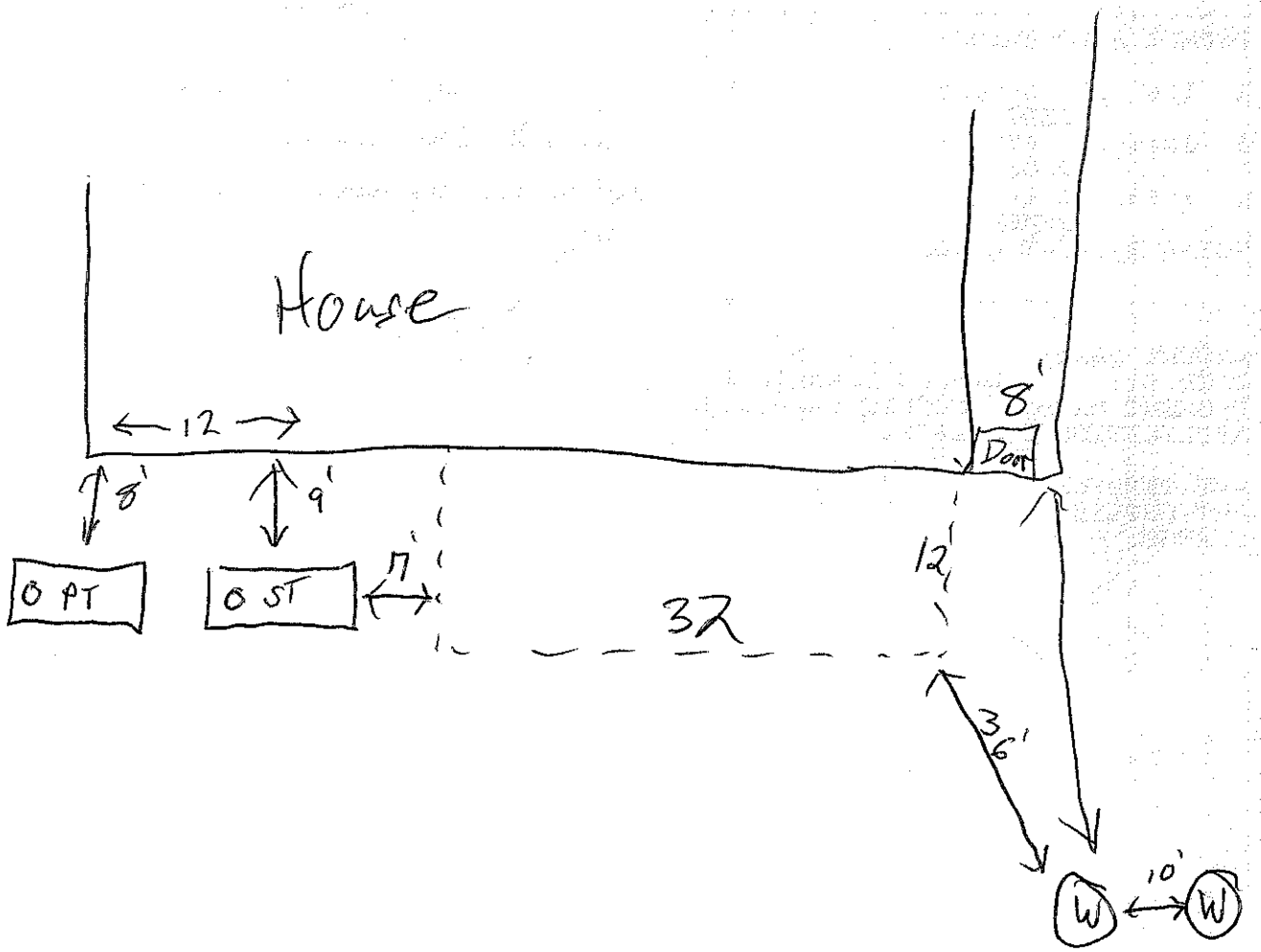
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3/30/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shade Date: 3-18-16

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


House
12
8'
Door
8'
9'
7'
12'
32
36'
10'
O PT
O ST
W
W