IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215387

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

PIN # 7667-93-3336

APPLICANT: David Rummage APPLICANT ADDRESS: 211 Linwood Road Mooresville, NC

SITE ADDRESS: 211 Linwood Rd. Mooresville, NC PHONE: 704-902-4685 ALT. PHONE:

SITE DIRECTIONS: Rt 152 East from Mooresville, Turn Right onto Linwood Rd, House on Left [Cowboy/Ranch-like above driveway.

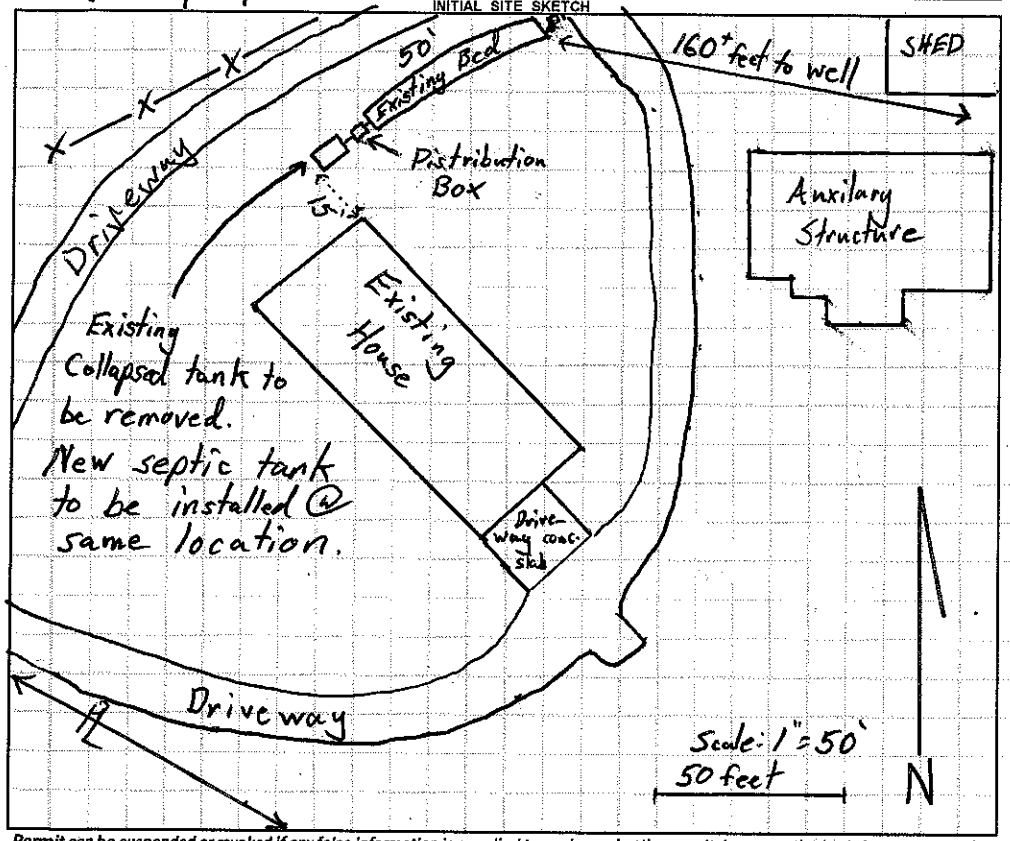
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 6.61 Acres DESIGN FLOW: 240 gal/day L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	347	Date	1-27-15	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	— (gal)	PT	—	Date	—	System Description: Existing - Parallel Distribution → 50'x8' Bed		☐ Business	No. Persons 4
Pump Make	—	Model	—	Serial #	—	Repair System Description:		☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	Existing	Linear Ft:	Existing	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space
Trench Width	Existing	Max. Trench Bottom Depth	Existing	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

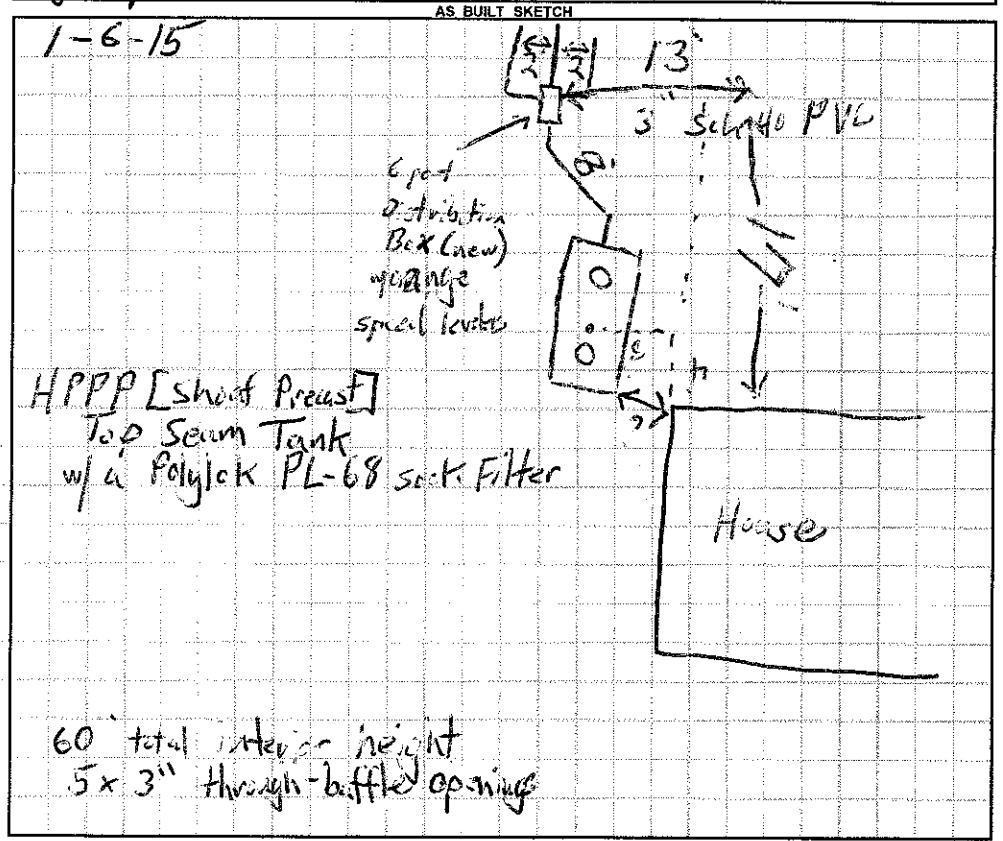
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Per applicant request + logistical encumbrances of the system, tank is to be pumped, limed (hydrated), crushed, limed (again) + removed from the site. New septic tank to be installed in same location. If during the repair process the distribution box is uncovered and found to be in a state of degredation, replace box as needed. Recommend pumping tank every 3-5 years. Re-route house roof downspout drains away from septic area. Do not drive over septic area. Follow all N.C. septic rules. Original permit not found (~1974) in ICHD records.

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: David Rummage Date: 12-16-15 Installed by: Jarrid Lentz

IMPROVEMENT PERMIT by: Tom Shuck Date: 12-16-15 OPERATION PERMIT by: Tom Shuck Date: 1-6-16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12-16-15 Existing System Inspected by: — Date: —

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