IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4668697449

APPLICANT: Gary Miller APPLICANT ADDRESS: 603 Mazeppa Rd Mooresville, NC

SITE ADDRESS: 603 Mazeppa Rd. PHONE: 7046642694 ALT. PHONE: 7044570895

SITE DIRECTIONS: Hwy 115 North TR Mazeppa Rd just past Woodridge Development RH Rick's Ln on left.

SUBDIVISION: SECTION: LOT # LOT AREA: Acreage DESIGN FLOW: 360 L.T.A.R.: .25 - .3

Existing

Septic Tank 1000? (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft: 150'

Trench Width 3ft Max. Trench Bottom Depth Gravel Depth N/A

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

System Description: Gravity Conventional

Repair System Description: Gravity Modified Conv.

Maintenance Agreement Required: ☐ YES ☒ NO 25% Red.

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons No. Employees

Water Supply: ☐ Private ☐ Public ☐ Community

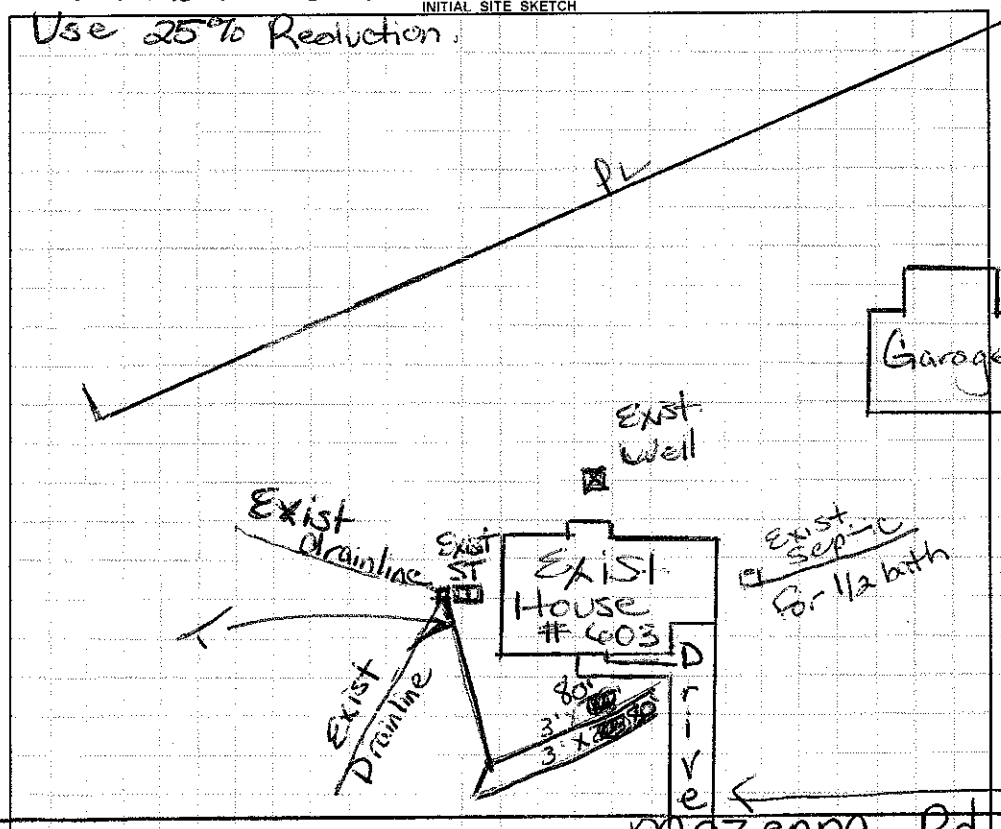
☐ Basement w/o plumbing

Comments / Conditions: * Check exist. ST if Structurally Sound Okay to still Use. Continue to Use Existing drainfield but send "overflow" to new drainlines. Use serial distribution

(Owner needs to eliminate Cherry tree who's roots are clogging Septic System.) Keep roots out of distribution device

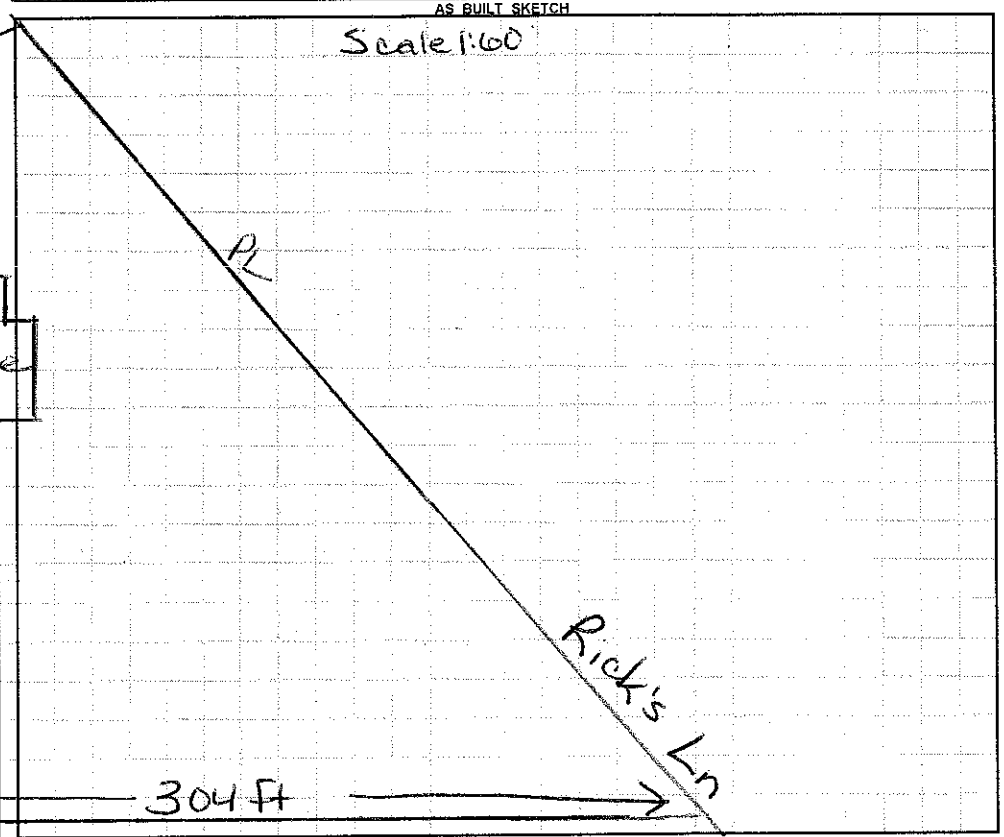
INITIAL SITE SKETCH

Use 25% Reduction.



AS BUILT SKETCH

Scale 1:60



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: Gary J. Miller Date: 3-28-13 Installed by: ORRISON

IMPROVEMENT PERMIT by: Maria H. Dotson RS Date: 3/25/13 OPERATION PERMIT by: Date: 4-16-13

AUTHORIZATION TO CONSTRUCT by: Maria H. Dotson RS Date: 3/25/13 Existing System Inspected by: Date:

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