IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203568

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

PIN # 4674680311

APPLICANT: Quinton & Alice Hall APPLICANT ADDRESS: 277 Patterson Farm Rd. Mooresville, NC. 28115

SITE ADDRESS: 277 Patterson Farm Rd Mooresville, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 3 South TL Patterson Farm Rd ~3/4 mile on left

SUBDIVISION: SECTION: LOT # LOT AREA: .9 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth Exist. Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Exist. Gravity - Conventional
Repair System Description: Modified
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

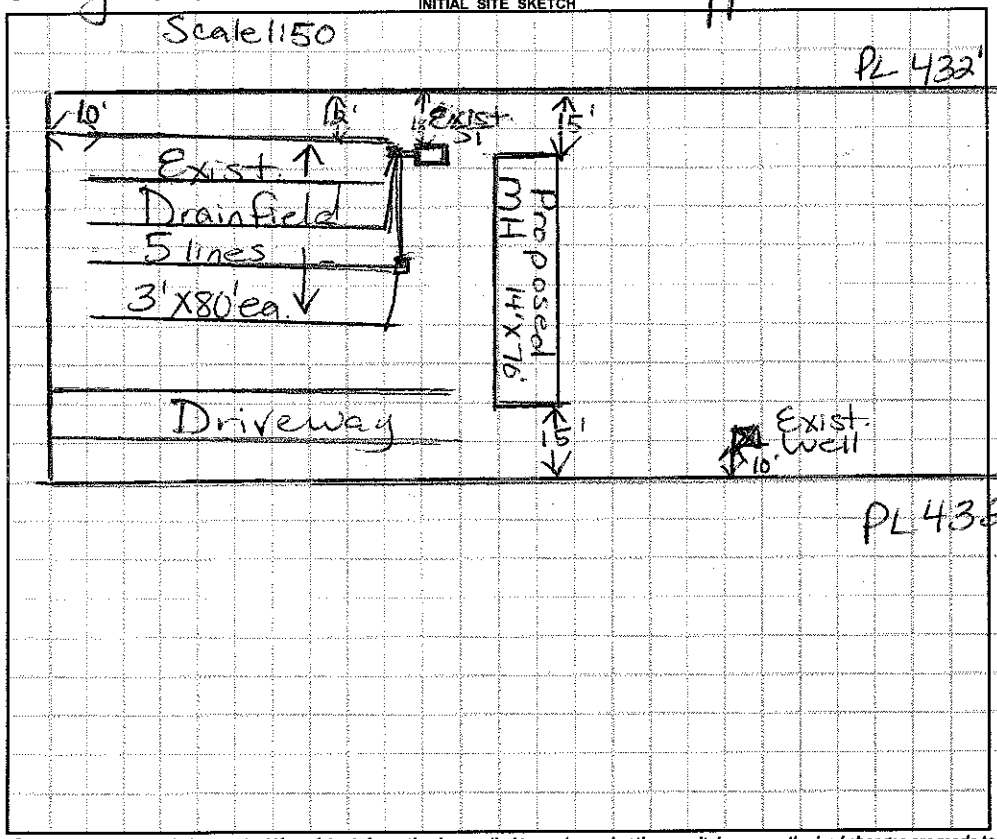
☒ Residence No. Bedrooms 2 ☒ Private
☐ Business No. Persons 4 ☐ Public
☐ Other No. Employees ☐ Community
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

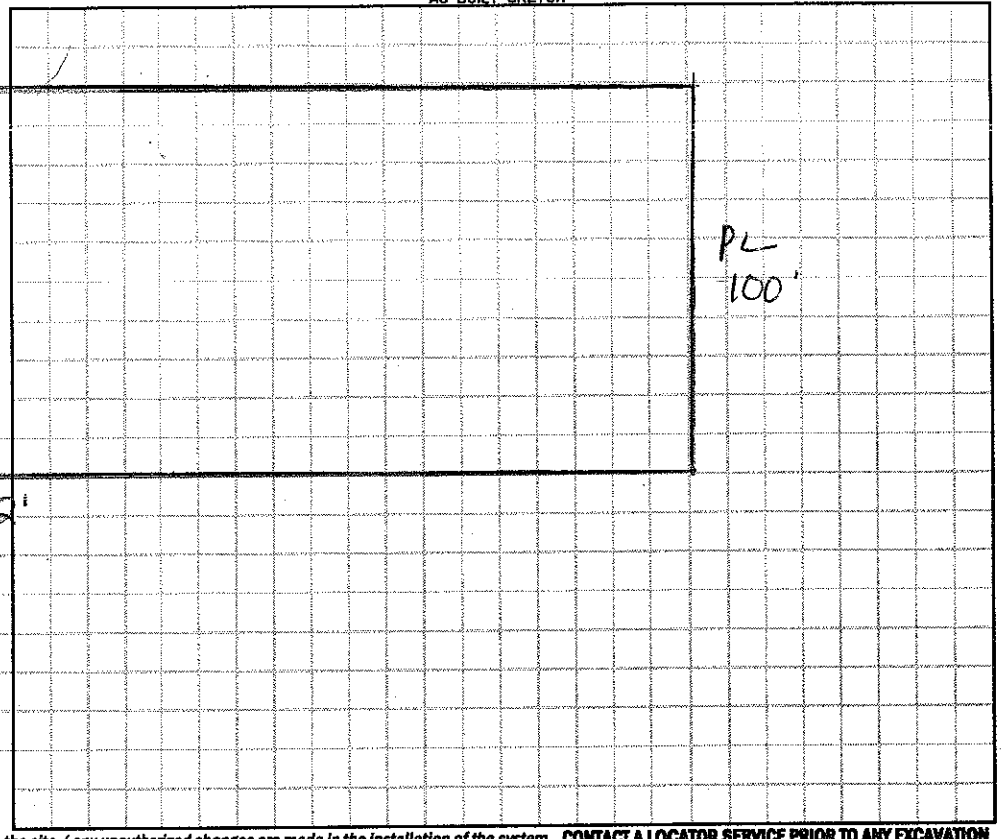
Comments / Conditions: Existing Septic System "appears" to be functioning okay at time of inspection ✱ Note: Septic System was designed for 3 Bedrooms however Application is for 2 Bedrooms

✱ Must keep new home at least 5ft from Septic System (Includes Decks & Porches) and at least 25ft to Well

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: Quinton L Hall Date: 7-15-14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson RS. Date: 7/14/14

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