IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215668

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

PIN # 4675-14-1998

APPLICANT: William Jones APPLICANT ADDRESS: 0239 Hawks Prey Dr. Mooresville, NC 28115

SITE ADDRESS: same PHONE: 704-662-5134 ALT. PHONE:

SITE DIRECTIONS: Coddle Creek Highway South from Mooresville → Right on Hawks Prey Drive → Property @ end

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 10 acres DESIGN FLOW: 360 L.T.A.R.: 0.3 [Existing]

Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: ☒ II ☐ III ☐ IV ☐ V ☐ VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: Gravel				☐ Business	No. Persons
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields EXIS	# Lines NG		Linear Ft:	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	Max. Trench Bottom Depth		Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

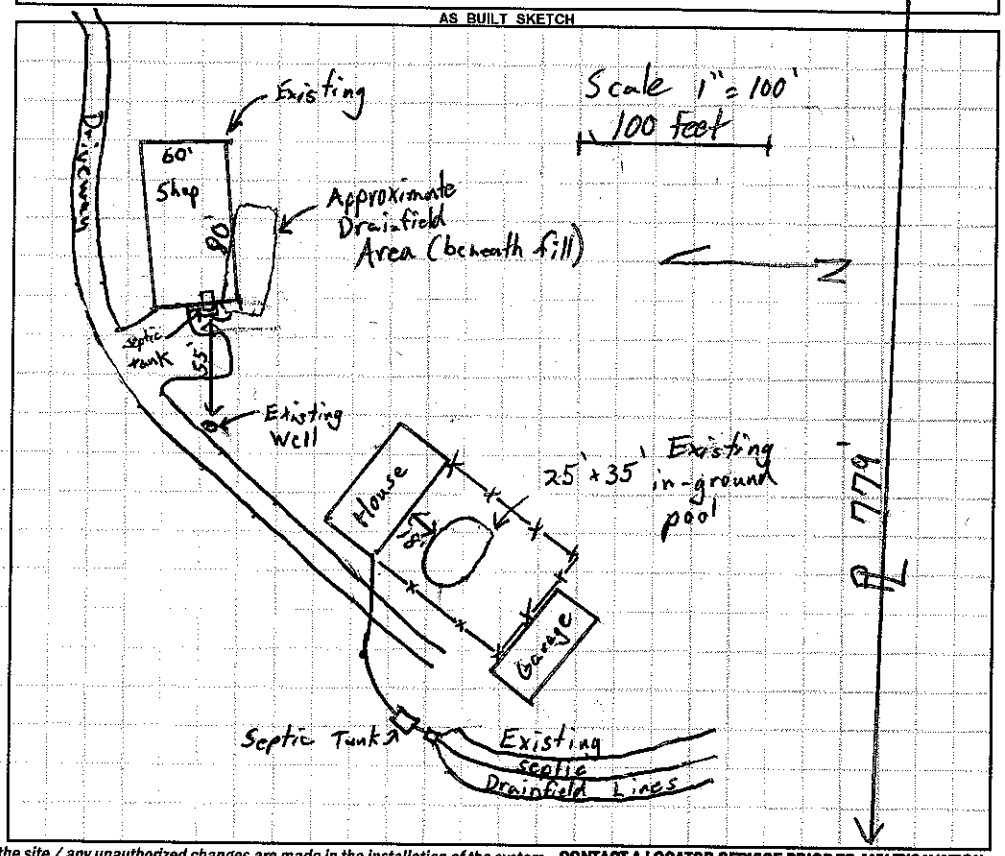
Comments / Conditions: At time of evaluation for the 60'x80' shop + the 25'x35' inground pool, portions of the existing system were noted to be encroached upon by the shop. Per the owner, the drainfield for the shop was covered by the shop + substantial fill.

INITIAL SITE SKETCH

Consequently, it remains unclear what original size or condition the drainfield/bed for the shop is in. It is strongly recommended that the septic tanks be pumped every 3-5 years and minimal water use/water conservation practices be exercised at the shop.

R 210'

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: [signature] Date: 1-26-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shook Date: 1-25-16

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