IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217480

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

PIN # 4676-51-1775

APPLICANT: DEO LLC "Dan" APPLICANT ADDRESS: P.O. Box 1529 Denver NC 28037

SITE ADDRESS: 1875 Linwood Rd. Mooresville, NC PHONE: 704-201-7728 ALT. PHONE:

SITE DIRECTIONS: Rt 3 South from Mooresville → Left on Williford Rd → Right on Linwood Rd → House on Left

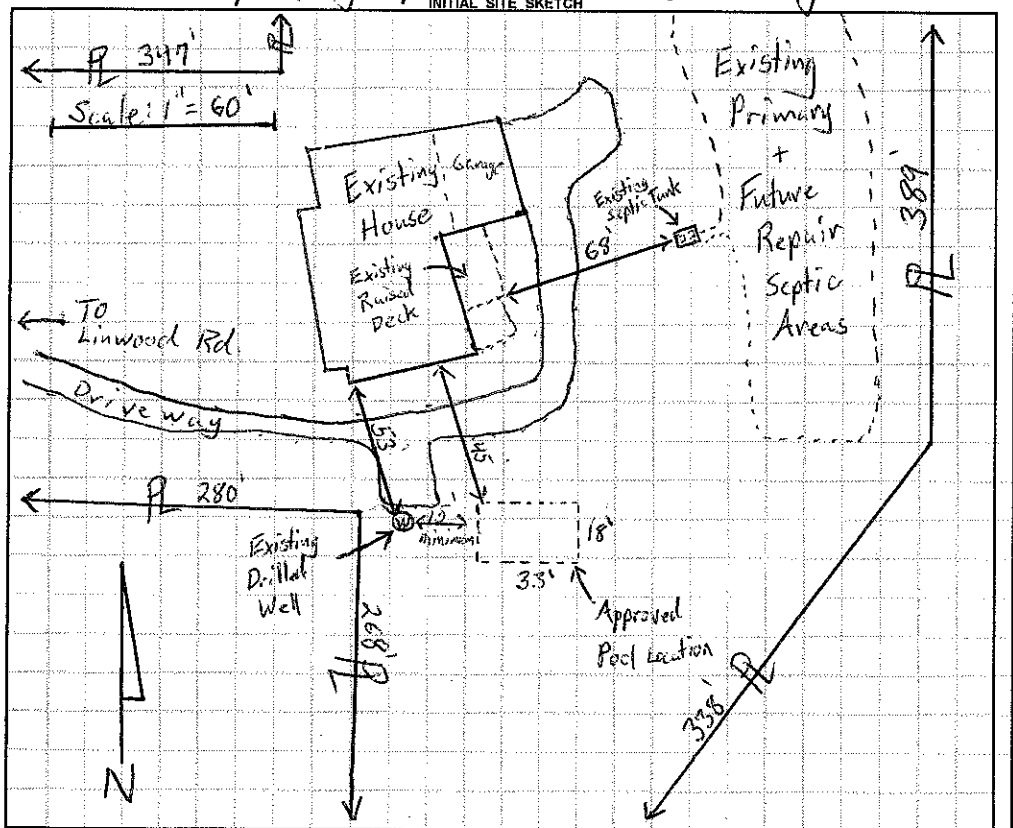
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.3 acres DESIGN FLOW: 480 gal/day L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB	—	Date	—	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	**Water Supply**			
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Existing			☐ Business	No. Persons	8	☒ Private			
Pump Make	—	Model	—	Serial #	—		Repair System Description:	Existing			☐ Other	No. Employees		☐ Public			
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community			
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex			☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Approval for a "free form" 18'x33' in-ground pool (maximum dimensions). Sewage disposal system location/configuration taken from ICHD permit # IF-A-31 (dated 9-24-92)
Recommend pumping septic tank every 3-5 years

System appeared functional @ time of inspection.

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: Kevin Langley Date: 4/21/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tim Shuck Date: 4-19-2016

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