IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 4100 215298

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

PIN # 4676-57-0962

APPLICANT: John McBride | APPLICANT ADDRESS: 491 Brumley Rd. Mooresville, NC

SITE ADDRESS: 495 Brumley Rd Mooresville (495) | PHONE: 704-609-7824 | ALT. PHONE:

SITE DIRECTIONS: Highway 152 East from Mooresville → Turn Right onto Brumley Rd → House on left (may show up as # 495)

SUBDIVISION: — | SECTION: X | LOT # — | LOT AREA: 4.14 acres | DESIGN FLOW: 480 gal/day | L.T.A.R.: 0.275

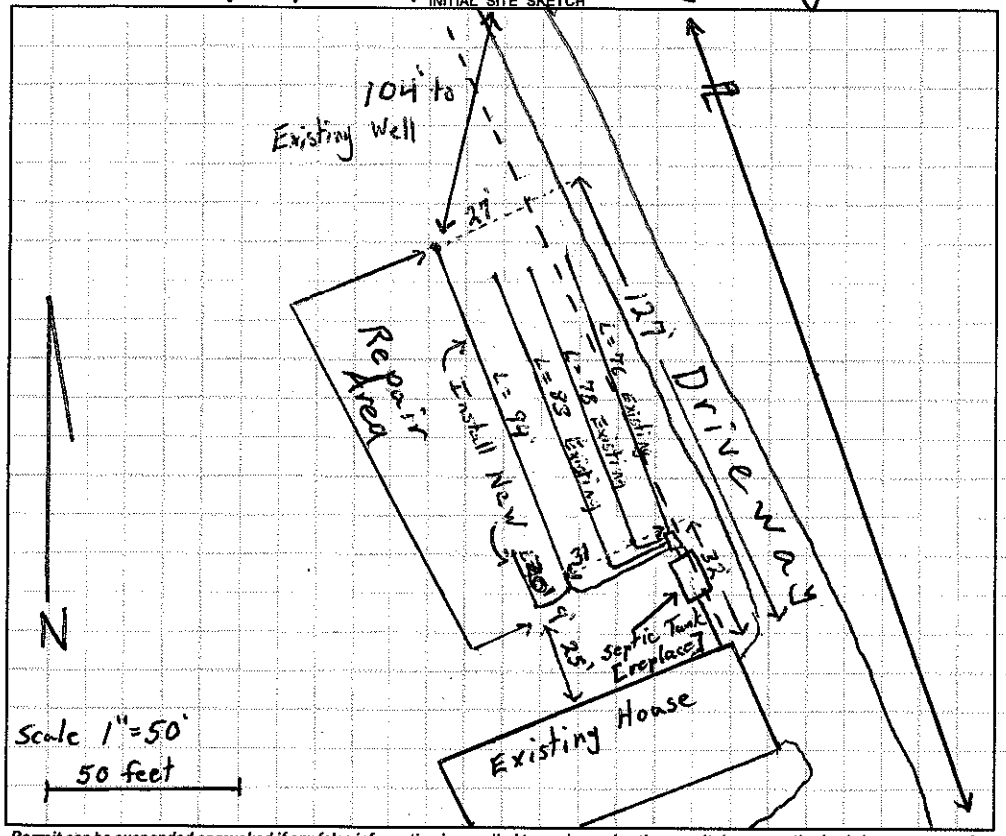
Septic Tank	1000	(gal)	STB		Date		☐ New System	☐ Repair	☒ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Conventional Gravel (existing) 25% Reduction (expansion)			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	25% Reduction C (1 Bedroom)			
# Nitrification Fields	1	# Lines	3 [Existing] 2 [New]	Linear Ft:	347 (total)		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36" (new)	Max. Trench Bottom Depth	30" (new)	Gravel Depth				☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	**Water Supply**	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Existing tank must be pumped, crushed + filled. Install new distribution box with equal/parallel distribution to the top 4 lines. 4th Drainfield line is to serial distribute into 5th Drainfield line. Recommend pumping septic tank every 3-5 years.

INSTALLED AS SHOWN

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: Terri McBride | Date: 12-29-15 | Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Tom Shuck | Date: 12-18-15 | OPERATION PERMIT by: [signature] | Date: 2-18-16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 12-18-15 | Existing System Inspected by: | Date:

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