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 # 4677 299 7171

APPLICANT: Pamela Tulbert APPLICANT ADDRESS: 843 Wiggins Rd Mooresville, NC 28115

SITE ADDRESS: 154 Forest Edge Rd Mooresville, NC PHONE: 704 663-2676 ALT. PHONE: 704 662-2321

SITE DIRECTIONS: Hwy 150 E TL Wiggins Rd. TR 2nd entrance into Woodland Hts. 1st house on left

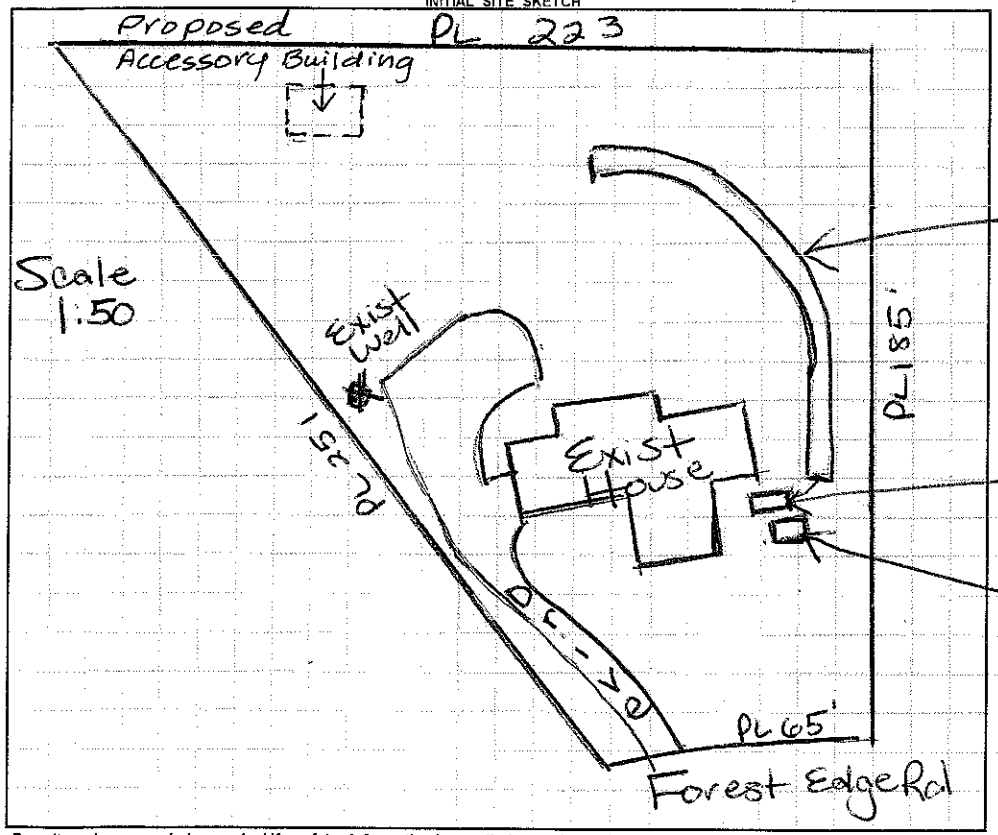
SUBDIVISION: Woodland Heights SECTION: LOT # 11 LOT AREA: DESIGN FLOW: 240gpd L.T.A.R.:

Septic Tank	1000	(gal)	STB 312	Date 6-30-12	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply			
Pump Tank		(gal)	PT	Date	System Description: Gravity - Convent. Bed				☐ Business	No. Persons		☒ Private			
Pump Make		Model		Serial #	Repair System Description: Replacing ST only				☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	2	Linear Ft: 250'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☐ Community			
Trench Width	5' Bed.	Max. Trench Bottom Depth		Gravel Depth 10"			☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing			

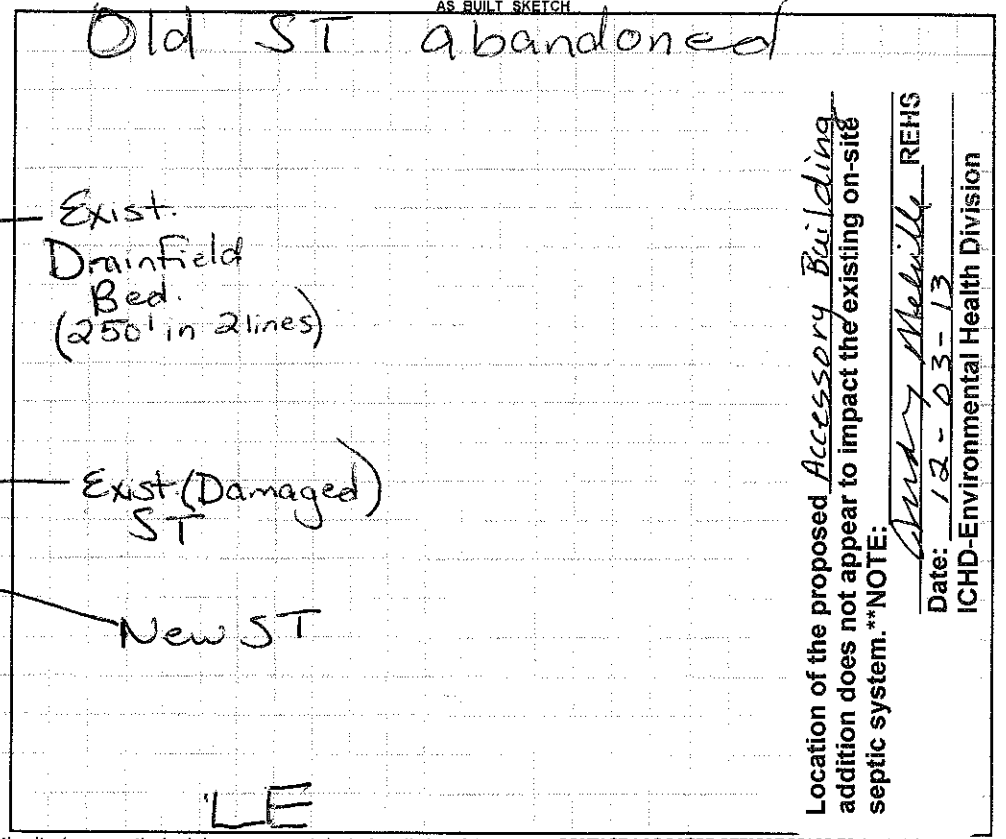
Comments / Conditions: Must keep new Septic tank at least 5ft from house & PL. Hook onto Existing Drainfield

☒ Divert gutters & Stormwater away From Septic Tank & Drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed Accessory Building addition does not appear to impact the existing on-site septic system.**NOTE:

Date: 12-03-13 REHS

ICHD-Environmental Health Division

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: Pamela B. Tulbert Date: 2-11-13 Installed by: ~~Larry~~ Beaver Grading

IMPROVEMENT PERMIT by: Mariah H. Dolson RS Date: 2/11/13 OPERATION PERMIT by: Mariah H. Dolson RS Date: 2/15/13

AUTHORIZATION TO CONSTRUCT by: Mariah H. Dolson RS Date: 2/11/13 Existing System Inspected by: Date:

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