IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209377

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

PIN # 4677-78-4056.000

APPLICANT: MR Enterprises APPLICANT ADDRESS: 115 Taylor Ct Mooresville NC

SITE ADDRESS: 1429 Oakridge Farm Hwy. Mooresville NC PHONE: 704-408-1478 ALT. PHONE: 1423

SITE DIRECTIONS: E on Hwy 150, ½ Mile Past Peeples Auto on L

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .868 Acre DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex # Lines Existing Red Linear Ft: Ex.

Trench Width Existing Max. Trench Bottom Depth Existing Gravel Depth Existing

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Existing Conventional Red. - Grav

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☒ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms Existing No. Persons Existing No. Employees — ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Maintain at least 5' Separation From Septic w/ Proposed Garage. And 25' From Well.

System Appeared To Be Functioning At Time of Inspection.

INITIAL SITE SKETCH

1" = 40'

108'

302'

AS BUILT SKETCH

268'

23'

25% Reduction Chambers

7½' x 54' Bed

5'

One Tree

Existing House

Proposed 30' x 30' Garage

25'+

Well

Gravel Driveway

29'

Overhead Power

142'

Oakridge Farm Hwy

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 plot 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: Date: 6-11-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED Date: JUN 09 2015

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