IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218501

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

PIN # 4677-80-4083

APPLICANT: DAVID MORAES APPLICANT ADDRESS: 149 OAKWOOD MEADOW DR. - MOORESVILLE

SITE ADDRESS: SAME PHONE: 704-962-0300 ALT. PHONE:

SITE DIRECTIONS: TEETER, TL MAGNOLIA RIDGE, TL OAKWOOD MEADOW, ON L

SUBDIVISION: MAGNOLIA RIDGE SECTION: 1 LOT # 2 LOT AREA: 1 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING # Lines Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth —

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

System Description: 25% REDUCTION

Repair System Description: PM - 25% REDUCTION

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence ☐ Business ☒ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

12'X24' DECK

INITIAL SITE SKETCH

SEE ATTACHED DRAWING

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: Date: 6/6/2016 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: JUN 08 2016 APPROVED

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

APPROVED JUN 0 8 2016

