IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215085

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

PIN # 4678-80-0143

APPLICANT: Mildred Perkins APPLICANT ADDRESS: 1541 Oakridge Farm Highway Mooresville

SITE ADDRESS: 1541 Oakridge Farm Highway Mooresville, NC PHONE: 704-360-4199 ALT. PHONE:

SITE DIRECTIONS: Highway 150 E from Mooresville → Pass Ashecraft

SUBDIVISION: Powers Estates SECTION: — LOT # 1 LOT AREA: 1.03 Acres DESIGN FLOW: 360 gal/day L.T.A.R.:

Septic Tank	1000 (gal)	STB	760	Date	8-21-15		
Pump Tank	N/A (gal)	PT	—	Date	—		
Pump Make	N/A	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	3 [existing]	Linear Ft:	300 [existing]		
Trench Width	36"	Max. Trench Bottom Depth	existing	Gravel Depth	existing		

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

System Description: Existing Gravel Trenches [gravity fed]

Repair System Description: Per 1990 ICHD permit

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

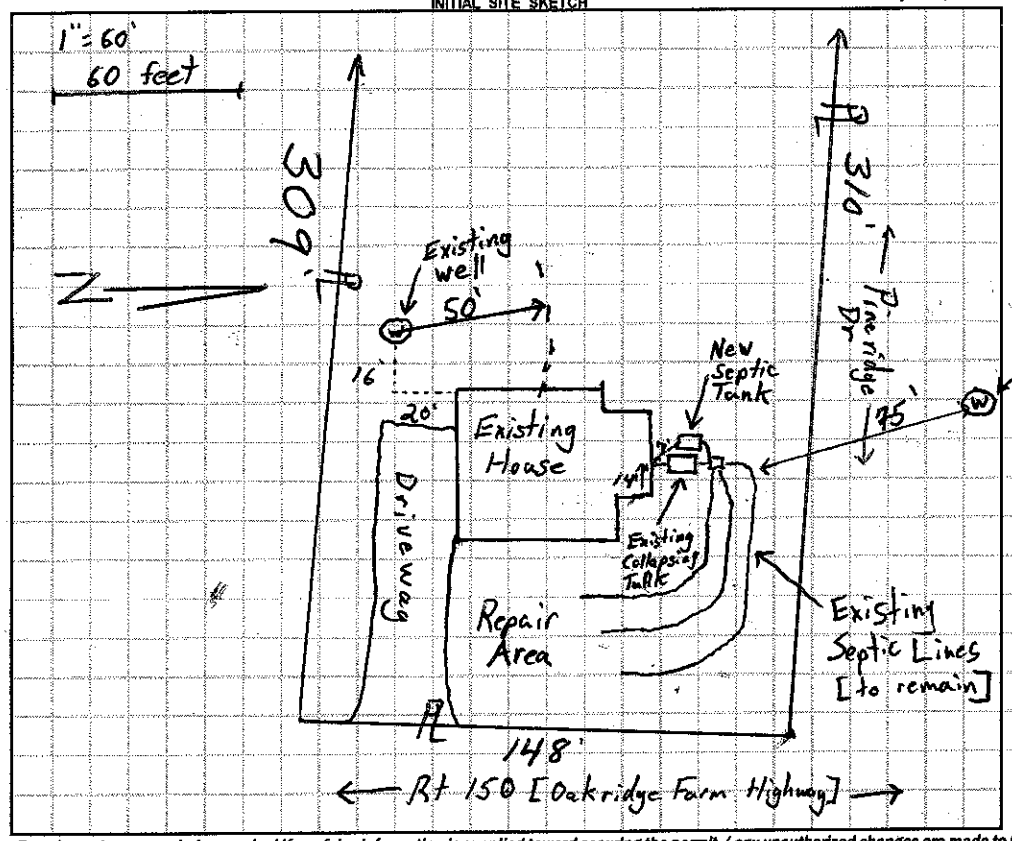
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees —

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing tank must be pumped, crushed and filled. New tank must be installed at least 5' from the existing house foundation. If during the repair process the distribution box is uncovered and found to be in a state of degredation, replace box as needed. Follow all N.C. septic rules.

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: Mildred P. Perkins Date: 11-25-15 Installed by: LENTZ

IMPROVEMENT PERMIT by: Tom Shuck Date: 11-24-15 OPERATION PERMIT by: Date: 12-7-15

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11-24-15 Existing System Inspected by: Date:

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