IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 158964 PIN # 4679210536 DATE 11-23-2009

OWNER or APPLICANT Carlos Perez / John Paul Bld. PHONE: Business John 7044880919 Home: 704660-0164

OWNER or APPLICANT ADDRESS 1212 Grace Meadow Dr. Mooresville, NC 28115

LOCATION / DIRECTIONS Hwy 801 N. TL Triplett 1st house on left #2258

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA _____ DESIGN FLOW 360gpd L.T.A.R. _____

Exist Septic Syst

Septic Tank Exist Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 2 No Lines 5 Linear Feet _____

Trench Width _____ Max. Trench Bottom Depth Exist Gravel Depth _____

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

System Description: Exist Grav. Conventional

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

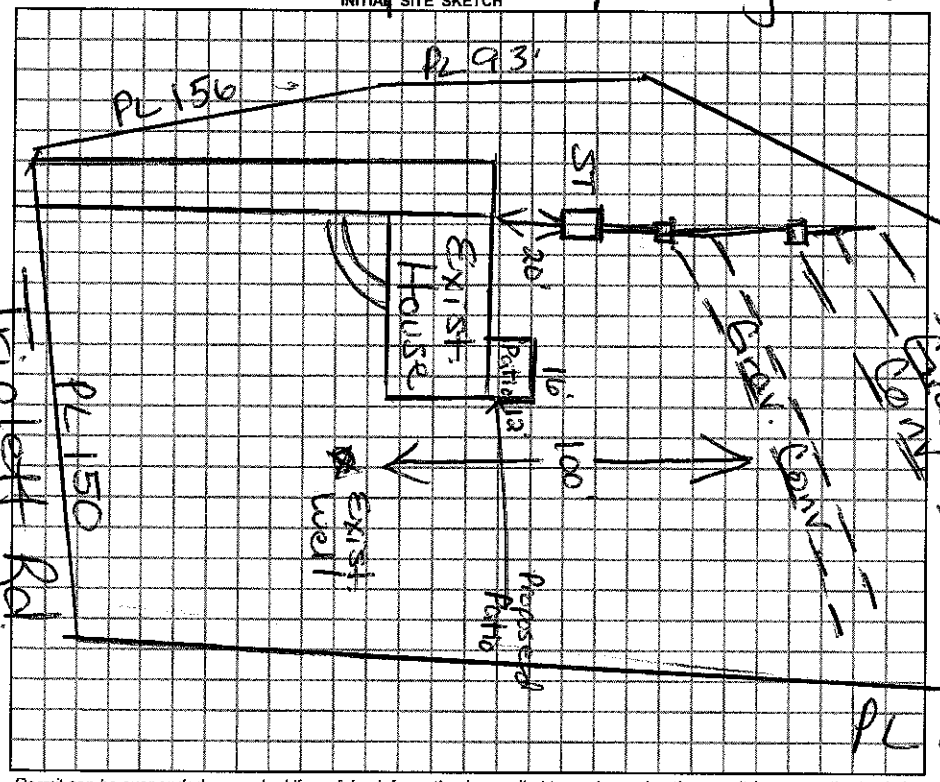
☒ Residence No. Bedrooms 3 ☐ Business No. Persons _____ ☐ Other No. Employees _____ ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

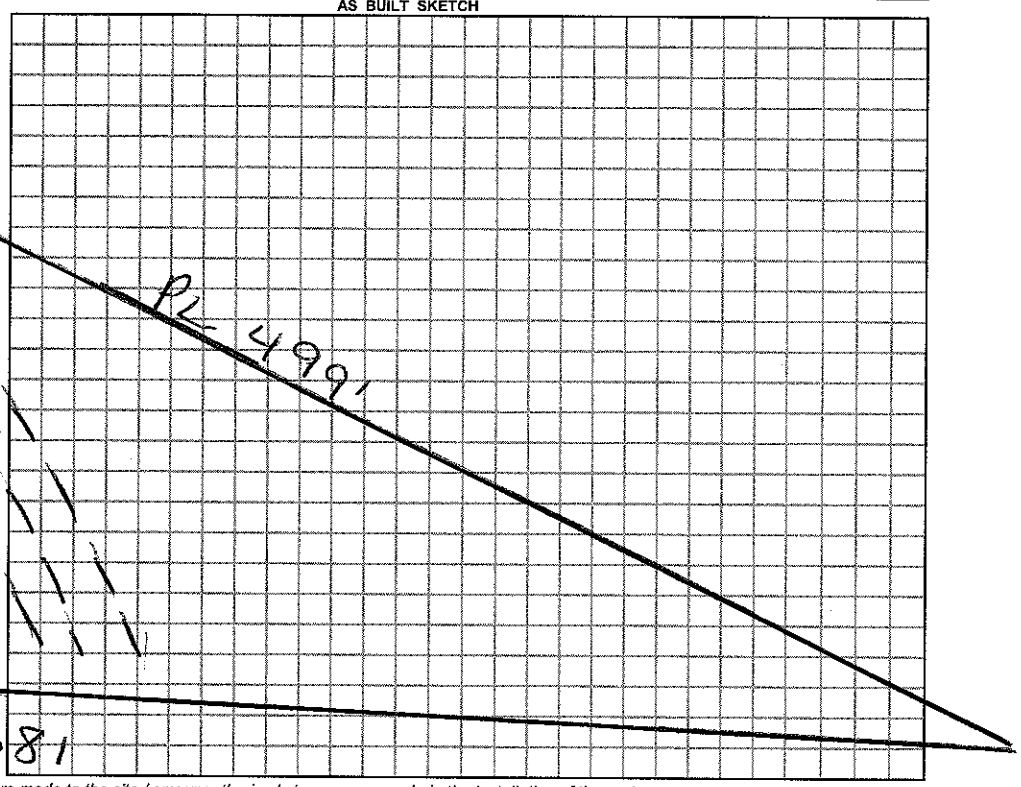
Comments / Conditions: Existing Septic System Appears to be Functioning Okay At time of inspection. Proposed Porch addition, Should not impact Septic System

Comments / Conditions

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: John Paul Date 11/25/09

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: Mpw HR Dolan RS Date: 11/23/09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant