IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214705

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

PIN # 4679-22-2994

APPLICANT: David Warden APPLICANT ADDRESS: 155 Dupree Lane Mooresville, NC

SITE ADDRESS: 155 Dupree Lane Mooresville, NC PHONE: 704-360-2739 ALT. PHONE:

SITE DIRECTIONS: Highway 150 East From Mooresville, Turn Left onto 801 North → Turn Left onto Dupree Lane → End of Cul-de-sac.

SUBDIVISION: Dupree Estates SECTION: X LOT # 8 LOT AREA: 1.32 acres DESIGN FLOW: 480 gal/day L.T.A.R.:

Septic Tank Existing 1000 (gal) STB 10017 Date 3-10-06
Pump Tank Existing 1000 (gal) PT 274 Date 2-20-06
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 4 @ 120' Linear Ft: 480
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth ____

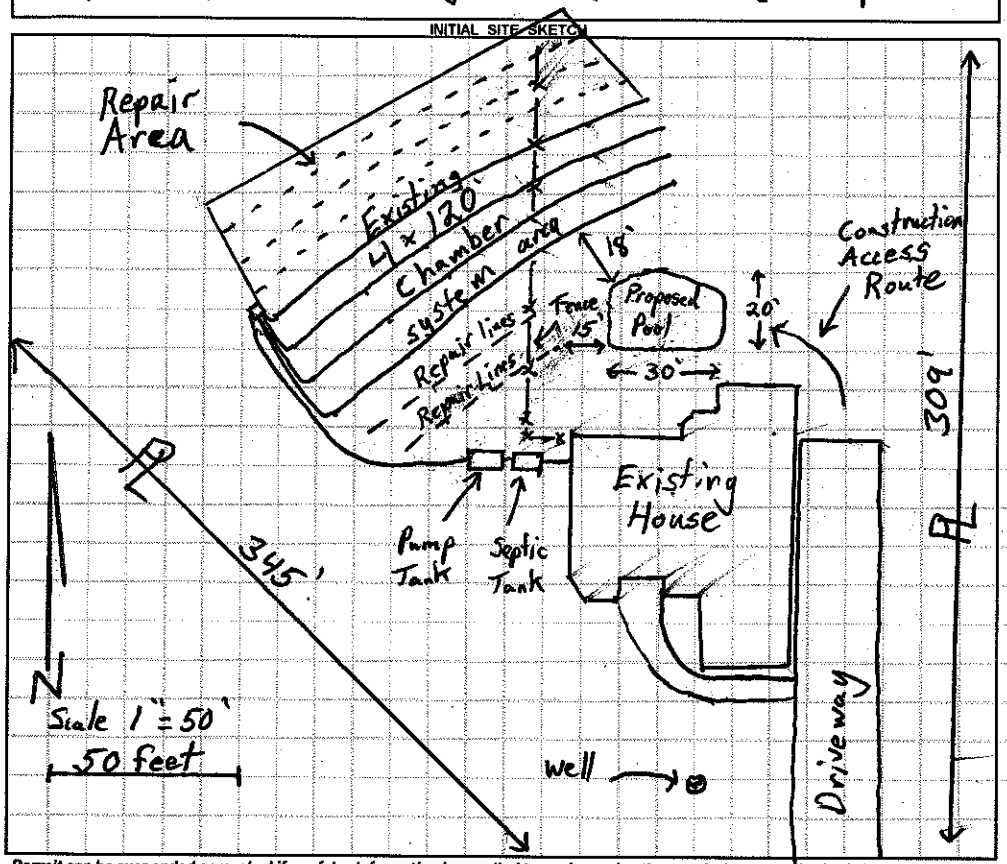
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Existing 25% reduction system
Repair System Description: 570 linear feet of repair available
Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☐ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees ____
☒ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: All septic construction/design information taken from health department permit #124033 (11-9-06). Recommend pumping septic tank every 3-5 years. In-ground pool must maintain at least 15' setback from all sewage disposal system components.

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

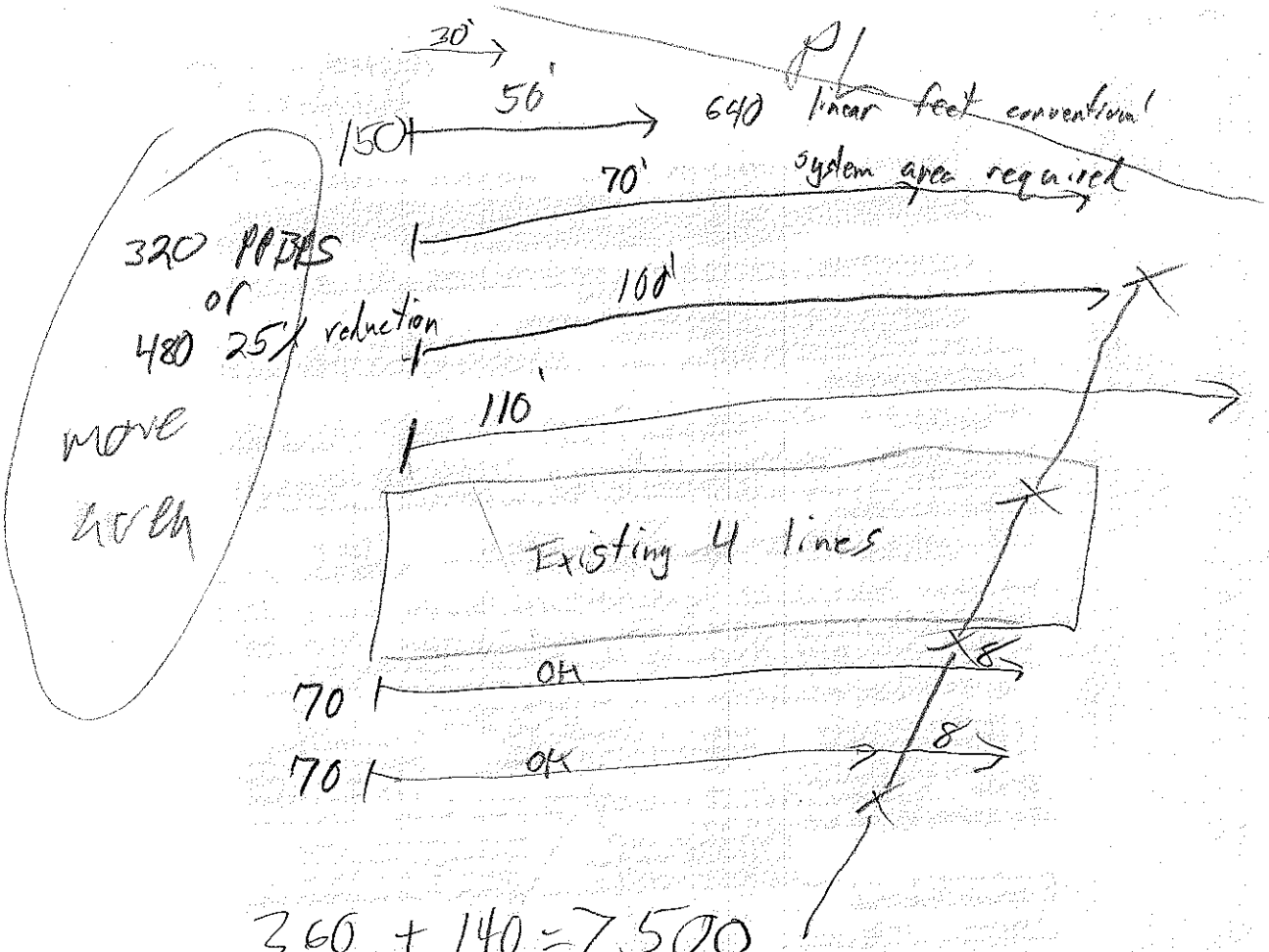
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☐ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Edward K Johnson Date: 12-22-15 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Tom Shuck Date: 12-17-15

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



360 + 140 = 7500

17' from existing #4 lateral

20 x 31 wide Pool

40' from ST

