IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209815

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

PIN # 4679496532

APPLICANT: Bryan Medfetter/Steve Dingeldine APPLICANT ADDRESS: 824 Triplett Rd Mt. Ulla, NC 28125

SITE ADDRESS: 135 Cool Creek Mt. Ulla, NC 28125 PHONE: 704663-4041 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 N TR Mazeppa TL Triplett Rd TR French Belk TR Cool Creek on left

SUBDIVISION: Twin Brooks SECTION: 2 LOT # 12 LOT AREA: .904Ac. DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 360'
Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Existing Modified Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

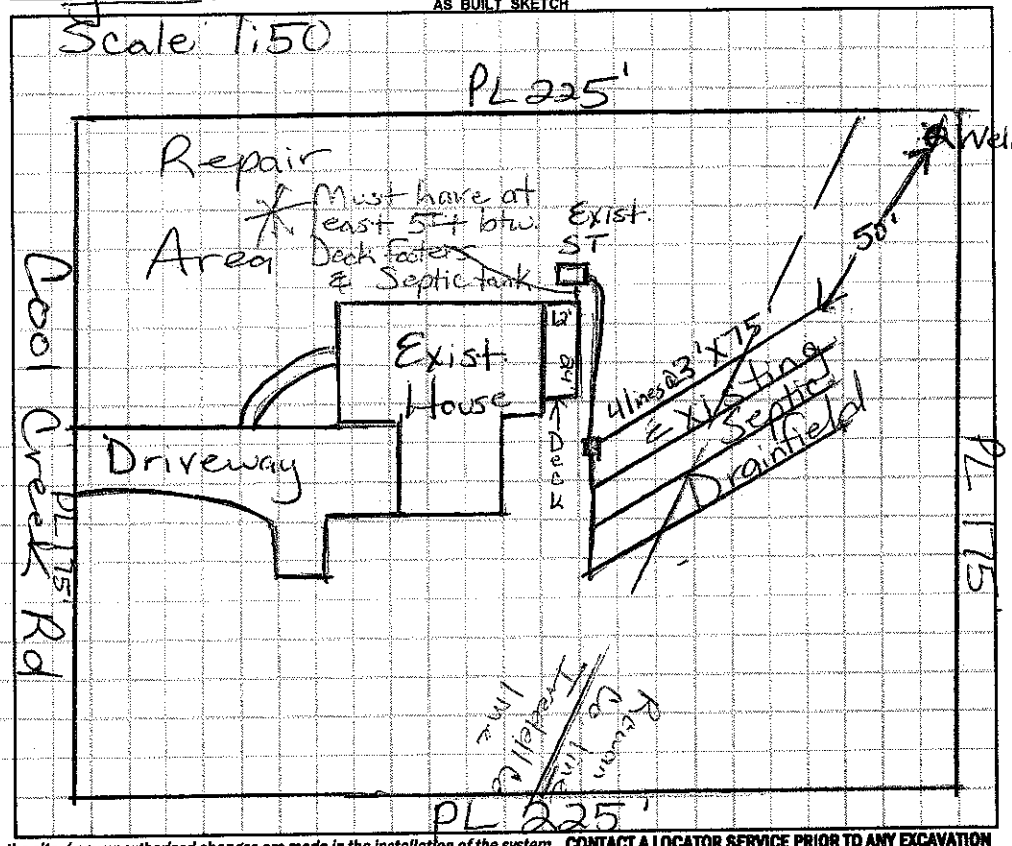
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing System appears to be functioning OK at time of inspection

The proposed addition does not appear to impact the existing Septic System as long as footers are at least 5ft from Septic System

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: Bryan Medfetter Date: 6/1/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 5/15/15

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