IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207140

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

PIN # 4685-04-9784

APPLICANT: Tommy Daily APPLICANT ADDRESS: 765 Patterson Farm Rd Mooresville, NC

SITE ADDRESS: 765 Patterson Farm Rd. Mooresville, NC PHONE: 704-663-7953 ALT. PHONE: —

SITE DIRECTIONS: Hwy 3 to Williford, TR 3 Linwood, TR Patterson Farm, site on R

SUBDIVISION: — SECTION: — LOT #: — LOT AREA: 3.73 Acre DESIGN FLOW: 360 GPD L.T.A.R.: Existing (.3-.4)

Septic Tank: Existing (gal)	STB	Date	
Pump Tank (gal)	PT	Date	
Pump Make	Model	Serial #	
# Nitrification Fields: Exist	# Lines: Existing 4	Linear Ft: Existing	
Trench Width: Existing 36"	Max. Trench Bottom Depth: Existing 24-36	Gravel Depth: 12" Existing	

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

System Description: Existing 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: System appeared to be functioning at time of inspection.

INITIAL SITE SKETCH

ICHD Environmental Health Division

The proposed / existing 24' x 30' Accessory Building addition does not appear to impact the existing septic system.

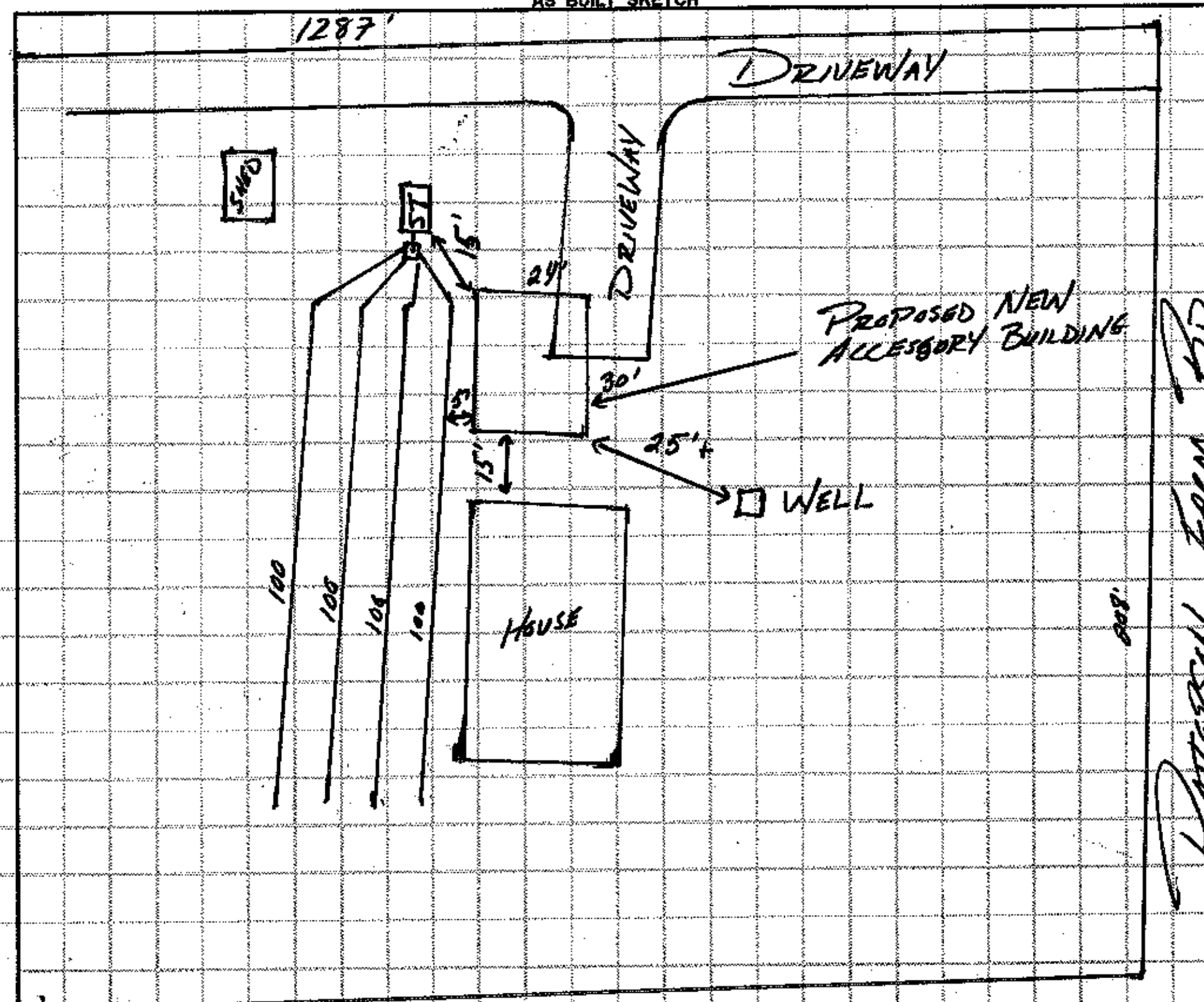
**NOTE: Maintain 5' separation from septic and 25' from well.

[signature] R.S.

Date: 12/17/14

ICHD-Environmental Health Division

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: Tommy J Daily Date: 12-17-14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: APPROVED DEC 17 2014

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