Site Address: 104 Howard Ln - Iredell.

RS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214593

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

PIN # 4760 15 56 31 V

APPLICANT: Kathy Ingle APPLICANT ADDRESS: 107 Brentwood Ct Mooresville, NC 28115

Mailing SITE ADDRESS: 518 Weathers Creek Rd Mooresville NC PHONE: 980 298-5444 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 N. TR Shinnville TL Weathers Creek on left across from Sugar Creek Ln

SUBDIVISION: Country View Estates SECTION: 2 LOT # 11 LOT AREA: .59 Ac DESIGN FLOW: 360gpd L.T.A.R.:

Exist

Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: (I) II III IV V VI	☒ Residence	* No. Bedrooms	3
Pump Tank	(gal)	PT	Date	System Description: Exist. Gravity - Conventional	☐ Business	No. Persons	
Pump Make		Model	Serial #	Repair System Description: Pump > Conventional	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	6	Linear Ft: 400' Maintenance Agreement Required: ☐ YES ☐ NO	☐ Slab	☒ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth 12" ☐ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

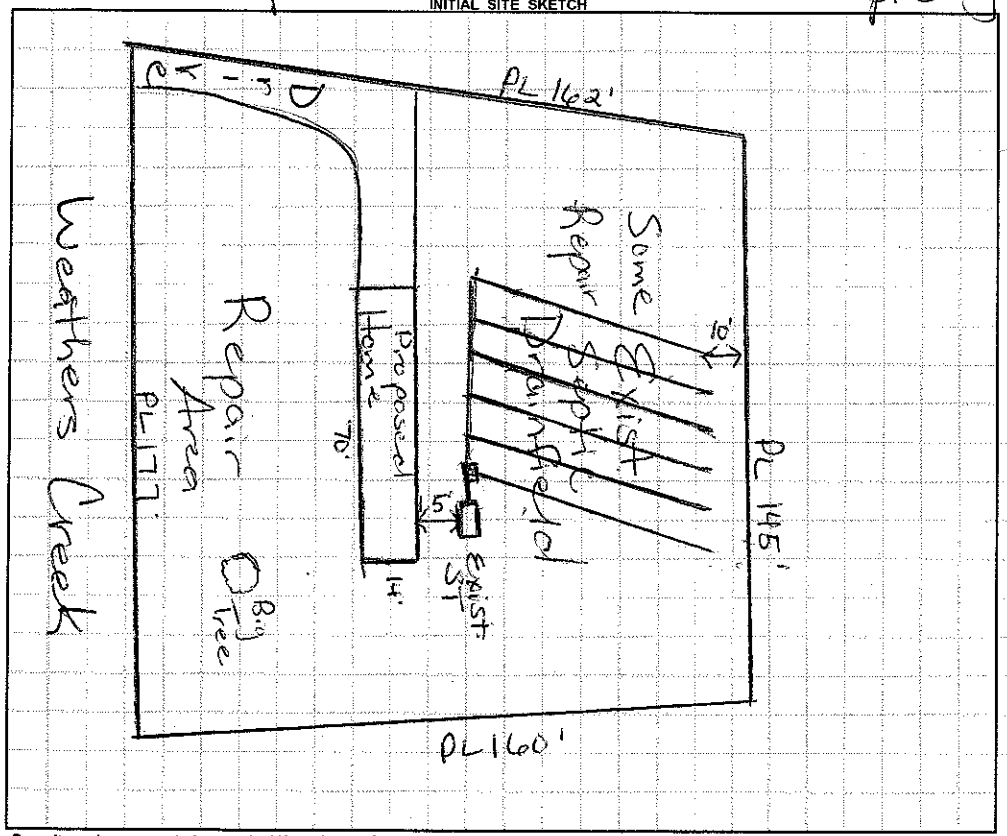
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Existing Septic System appears to be functioning okay at time of inspection.

* Must keep home at least 5ft from Septic System

* Initial Septic permit for 3 Bedrooms, Application for 2 Bedrooms

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: Kathy Ingle Date: 11/25/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Marie H. Dotson RS Date: 11/24/15

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