IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225807

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

PIN # 4766711021 8863

APPLICANT: R Keith Moore APPLICANT ADDRESS: 114 Moore Ridge Dr Statesville, NC

SITE ADDRESS: 8863 Old Mocksville Rd Statesville, NC PHONE: 704 402 4716 ALT. PHONE: Roy Moore 7048732952

SITE DIRECTIONS: 64E TL Old Mocksville Rd 1/4 mile on left past Davis Hospital

SUBDIVISION: SECTION: LOT # LOT AREA: Acreage DESIGN FLOW: 360gpd L.T.A.R.:

existing

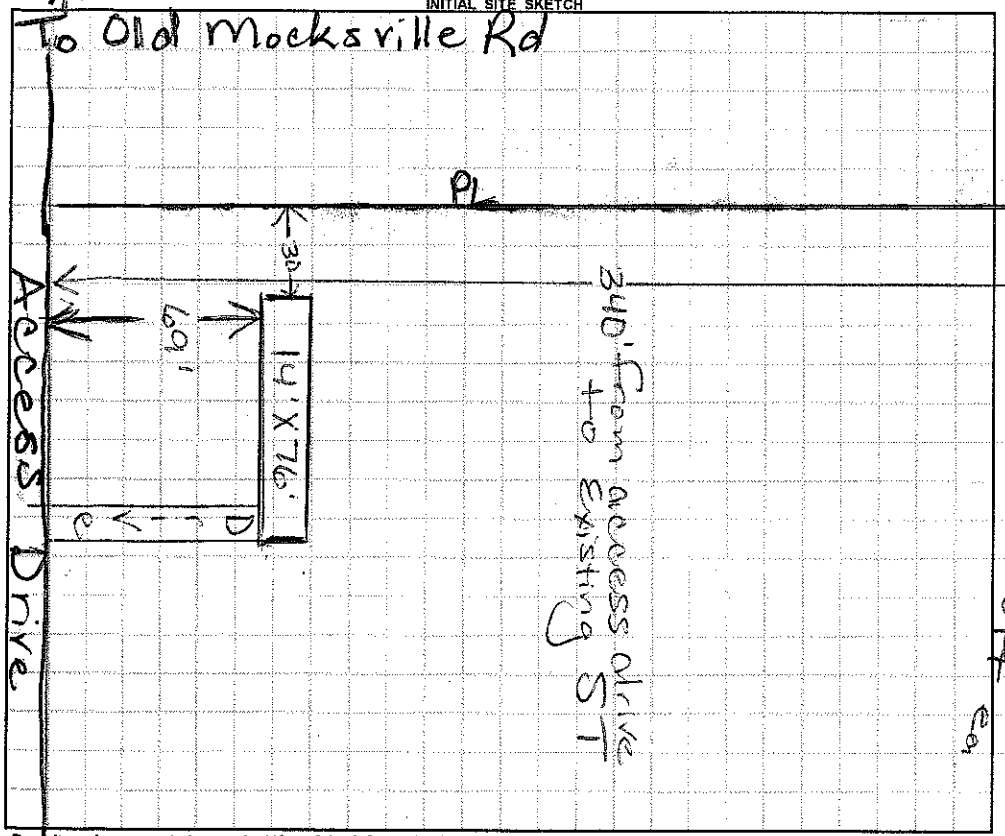
Septic Tank	1000 (gal)	STB	Date	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	existing Gravity - Conventional	☑ Business	No. Persons	10	☐ Private
Pump Make		Model	Serial #	Repair System Description:		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	2	Linear Ft: 300ft	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Existing	Max. Trench Bottom Depth		Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Existing Septic System appears to be functioning ok at time of inspection, however not currently in use

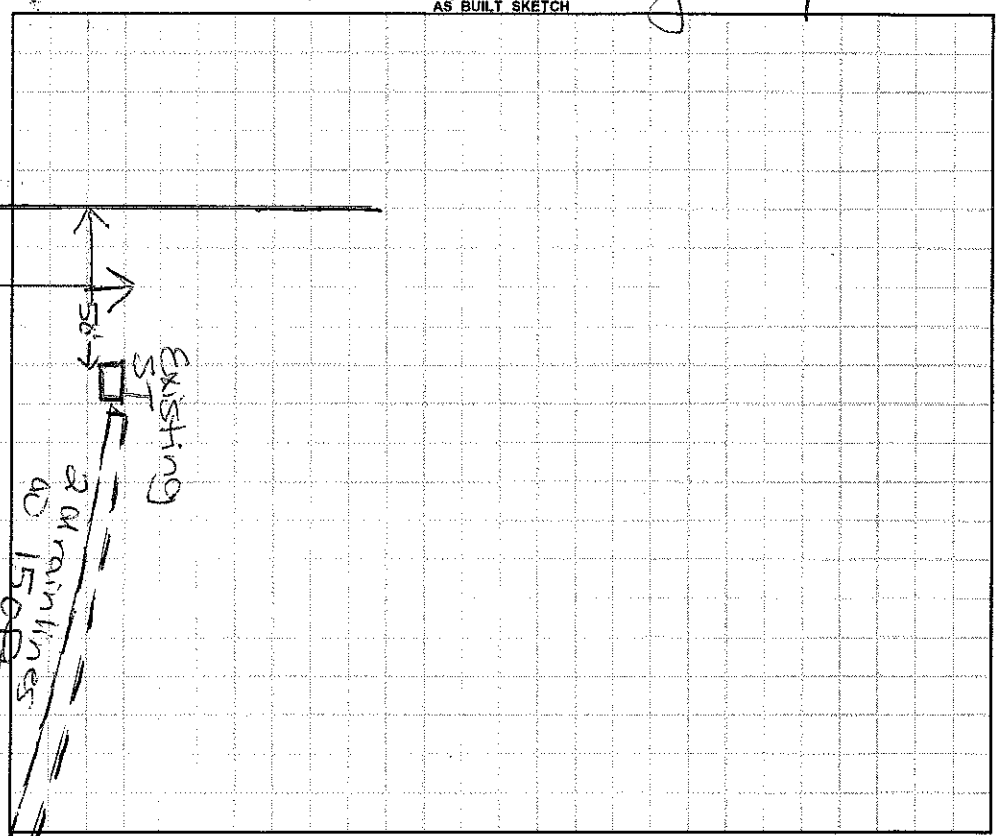
☆ Follow plumbing code & install "clean out" every 50ft on supply line to ST.

Notes Not able to locate original permit.

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 plot 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: R. Keith Moore Date: 4-19-17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Mike Dotson RS Date: 4/17/17

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