IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180949

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

PIN # 4821 41 0745

APPLICANT: Curtis Moore APPLICANT ADDRESS: 113 Bruce Farm Rd, Statesville

SITE ADDRESS: 113 Bruce Farm Rd. Statesville PHONE: ALT. PHONE:

SITE DIRECTIONS: NC 115 North past Central Fire Dept. TR Bruce Farm Rd. immediately on left

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

Septic Tank Ex 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields Existing # Lines Linear Ft: Ex 225
Trench Width Max. Trench Bottom Depth Gravel Depth

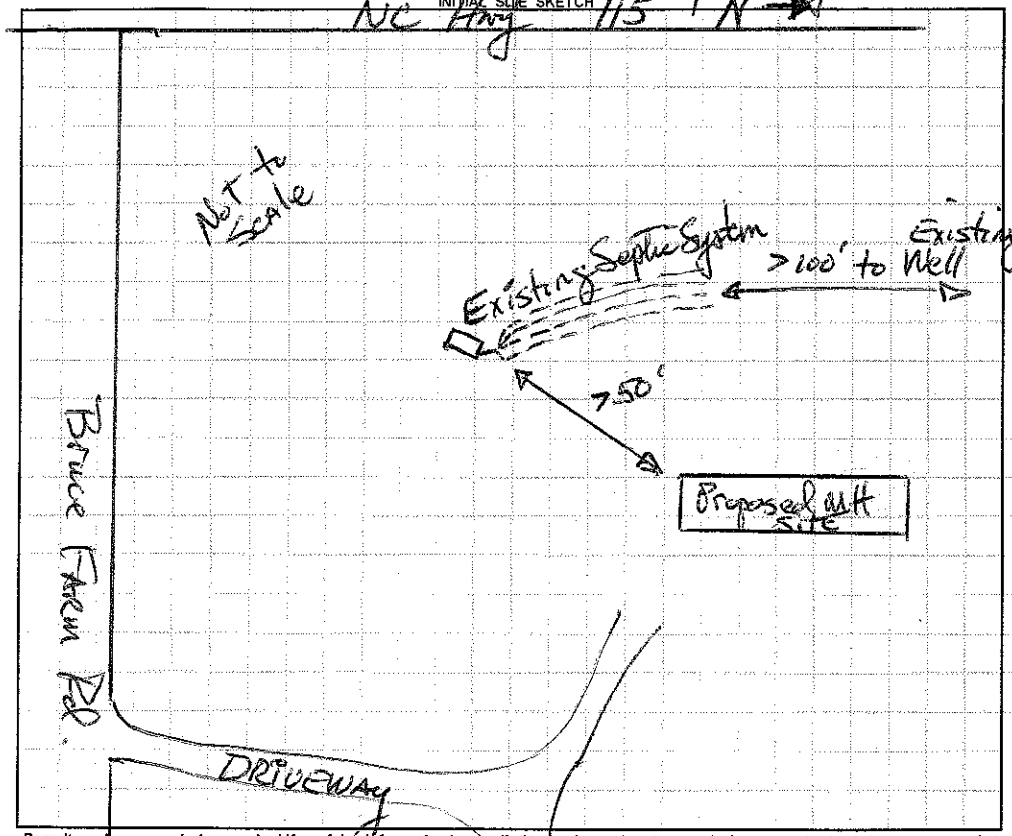
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity conv. bed
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: Recommend septic tank be pumped and checked for condition. Existing system appears adequate for future proposed use, and has not been used in over 5 years. Do Not install driveway across 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: Curtis D. Moore Date: 09-30-13 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 9-27-13

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