Meck Neck

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 SC

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

PERMIT# 150553 PIN# 4624236891 DATE 9/3/08

OWNER OR APPLICANT Patricia Krejci PHONE: Business 704.451.6709 Home 704.655.0732

ADDRESS 7918 Village Harbor Dr. Cornelius, NC 28031

LOCATION Brawley School Rd. on left past 2nd washout

SUBDIVISION CL&T BLOCK / SECTION V LOT 467 LOT AREA 0.83 acres SITE CLASS. P.S. DESIGN FLOW 360 gal/d L.T.A.R. —

Septic Tank: 1000 Gallons; STB existing Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 2 Square Feet Linear Feet

No Lines 2 per bed Trench Width existing Max Trench Bottom Depth existing Gravel Depth —

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

System Description: existing

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * House must maintain setbacks to Septic Tank & Septic Fidd – 5 feet

Comments/Conditions: * Grinder pump required from basement plumbing to 1st floor
* only a 3 bedroom system, must meet rules for bedrooms, study has fixed windows and storage in basement is unfinished storage

INITIAL SITE SKETCH

* See attached site plan

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Patricia Krejci date 9/12/08

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: Rael Mc date 9/3/08

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK