IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08332 PIN# 4626314614

OWNER OR CONTRACTOR John Kindley PHONE: Business 663-0961 DATE 9/3/99

ADDRESS 157 Old Arbor Way Rd Mooresville NC 28117 Home Andy Pegs 664-5208/664-5814

LOCATION Brawley School Rd TR Chuckwood on Rt after Riveria (1 mile on right)

SUBDIVISION Holiday Harbor BLOCK / SECTION ____ LOT 93 LOT AREA 1.0 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10/17/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 900' Linear Feet 300'

No Lines @ at 50' ea Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description Gravity - Panel Blk

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

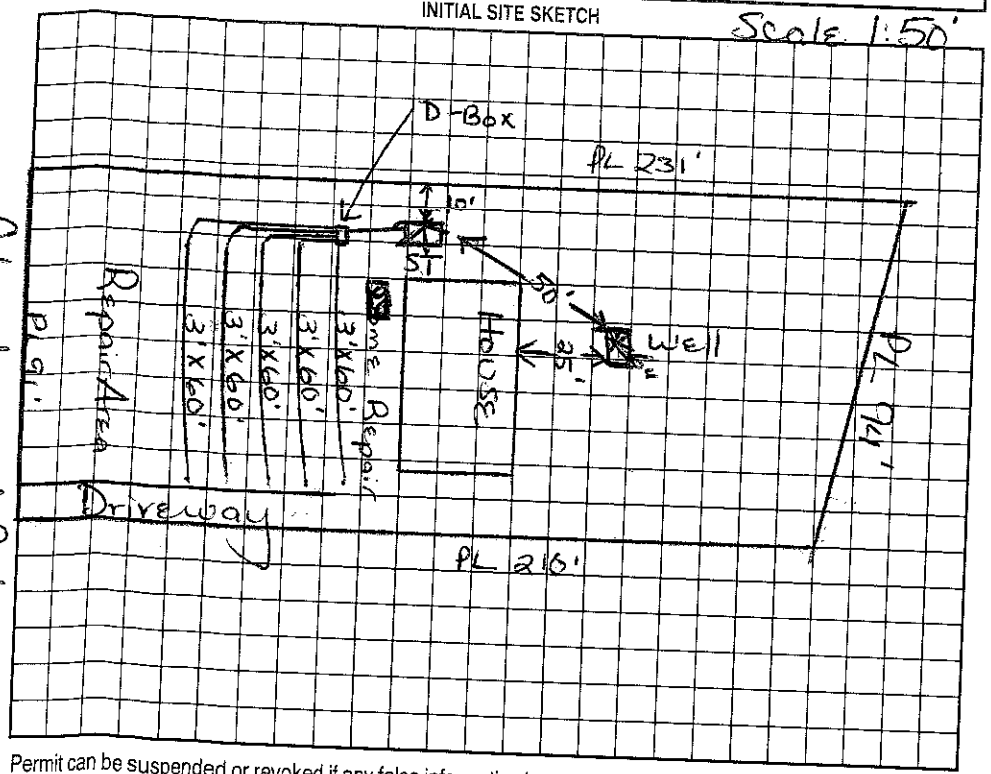
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' From PL, 5' from House & at least 50' from any well.

Comments/Conditions:

INITIAL SITE SKETCH Scale 1:50'



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: _____ date 9/7/99

Improvement Permit by: Marian H. Dotson RS date 9/7/99

Authorization to Construct by: Marian H. Dotson RS date 9/7/99

Installed by: F J Ervin

Operation Permit by: Wesley Sparks RS. date 4/27/00

Existing System Inspection by: _____ date _____

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