IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 paid 125.00 CT MOORESVILLE 704-664-5281

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

PERMIT# 088613 PIN# 4626367079 DATE 4-13-2000

OWNER OR CONTRACTOR Mike Faulkenberry PHONE: Business _____ Home 660-1764

ADDRESS 108 Bayview Dr. Mooresville, NC 28115

LOCATION 217 Kemp Rd — Brawley School Rd TR McKendree TL Kemp 2nd lot past Agnew on left

SUBDIVISION C.L.T. BLOCK / SECTION 8 LOT 1640 LOT AREA .99 Acre SITE CLASS. PS DESIGN FLOW 360 gpd T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/17/01
Pump Tank: 1000 Gallons; PT 27 Date 6/19/01
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960" Linear Feet 320'
No Lines 8 at 40' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-PM-25% Reduction
Repair System Description: Pump-Innovative
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A

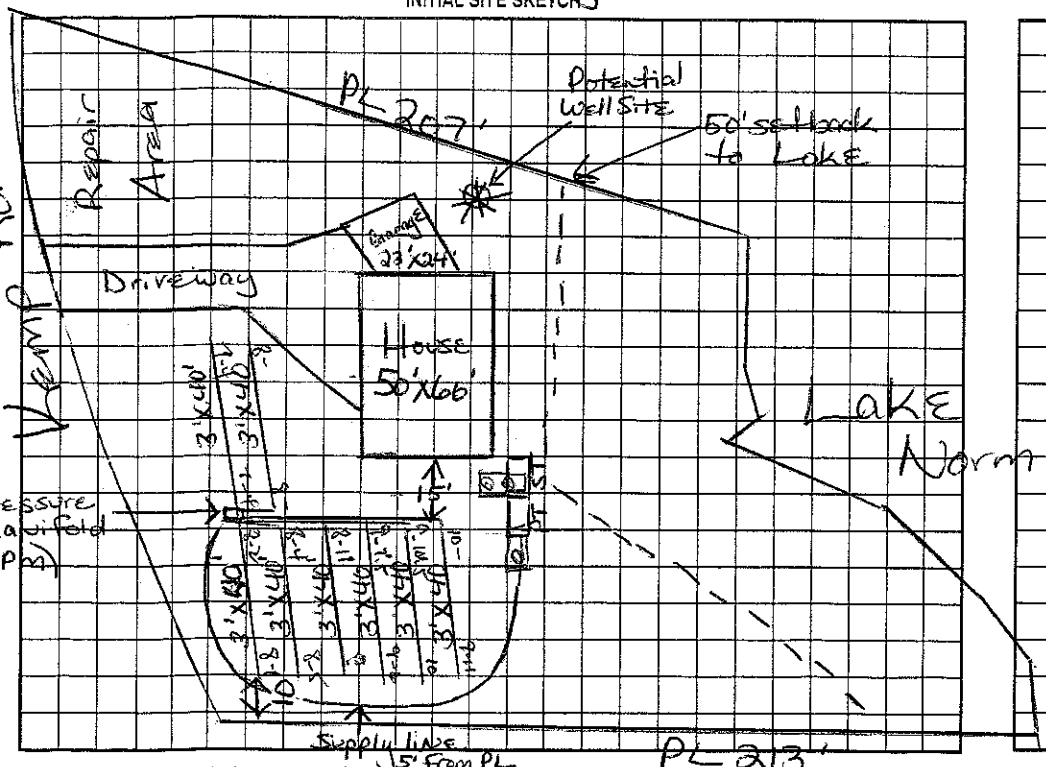
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 4 No. Employees ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' from PL, 50' from lake & 50' from any well. Drainfield must be 15' side gradient of basement wall & 25' upgradient.

Comments/Conditions: Driveway must not encroach on drainlines.

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. 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: WM Faulkenberry date 4-17-00 Installed by: Mike Kidd.

Improvement Permit by: Maria H. Dotson R.S. date 4/13/2000 Operation Permit by: Wesley Sparks R.S. date 08/16/01

Authorization to Construct by: Maria H. Dotson R.S. date 4/13/2000 Existing System Inspection by: _____ date _____

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