IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 150.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 126971 PIN# 4626396447 DATE 6-16-05

OWNER OR CONTRACTOR Michael & Amy Kleiber PHONE: Business 800 227-7326 Home 799-1331

ADDRESS 110 Ardmore Place Mooresville, NC 28117

LOCATION Brawley School Rd TR McKendree TR Ardmore Place 2nd house on right

SUBDIVISION Blackberry Creek BLOCK / SECTION 1 LOT 14 LOT AREA .86 Acre SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines 5@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Existing Gravity Conventional

Repair System Description: Gravity - 25%-50% Reduct

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

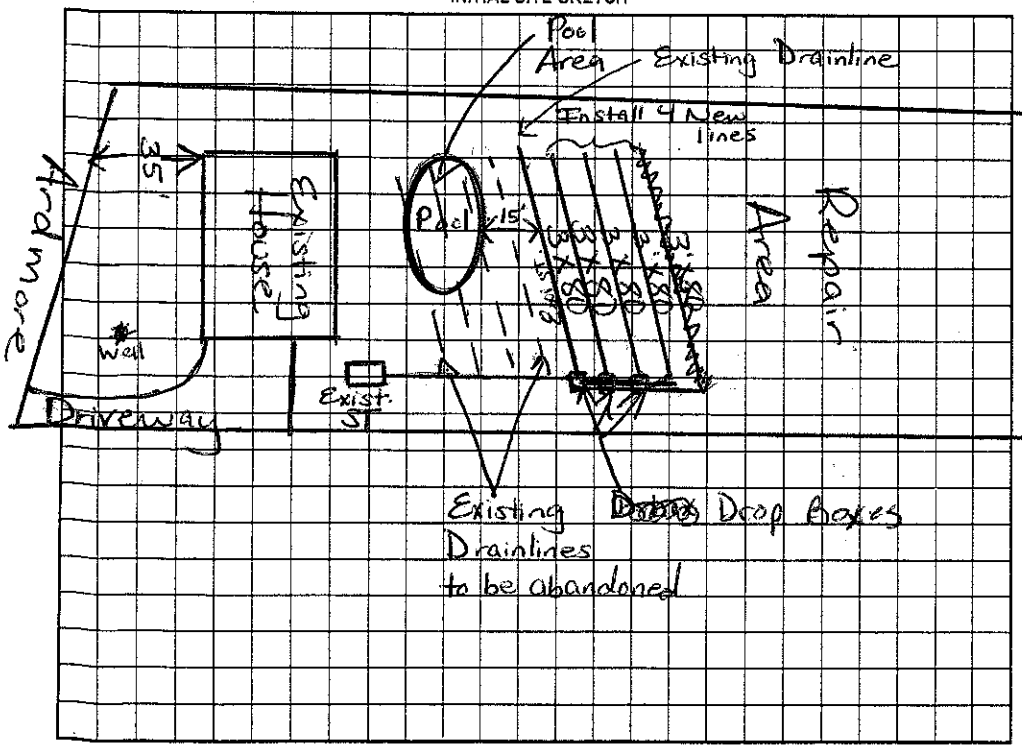
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 15' From Swimming Pool

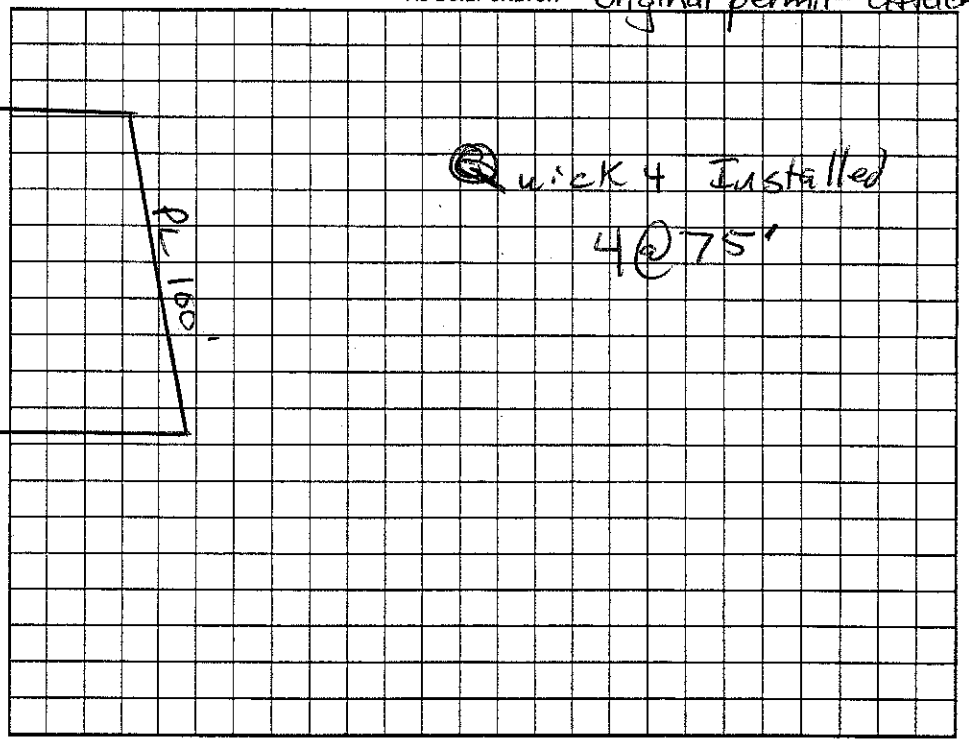
Scale 1:60

INITIAL SITE SKETCH



Comments:/Conditions: Note: Abandon upper 4 lines of Existing Drainfield & Keep 5th line. Install 4 New drainlines below existing Drainline. - Install on Contour.

AS BUILT SKETCH Original permit attached.



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: Amy B. Kleiber date 6/17/05 Installed by: Esker Elder

Improvement Permit by: Maria H. Dolan RS date 6/16/05 Operation Permit by: G. Murray RS date 6/9/06

Authorization to Construct by: Maria H. Dolan RS date 6/16/05 Existing System Inspection by: ____ date ____

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