ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 2022-12315

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

PIN # 4626 -- 64 -- 3352

APPLICANT/OWNER: Jacquelyn Burka | APPLICANT ADDRESS: 132 W Callicut Trl, Mooresville

SITE ADDRESS: 132 W Callicut Trl, Mooresville 28117 | PHONE: 201-572-6269 | ALT. PHONE

SITE DIRECTIONS: Brawley School - S Fork - Happ Place - W Callicut | SAP CONTROLLED: ☐ YES ☐ NO

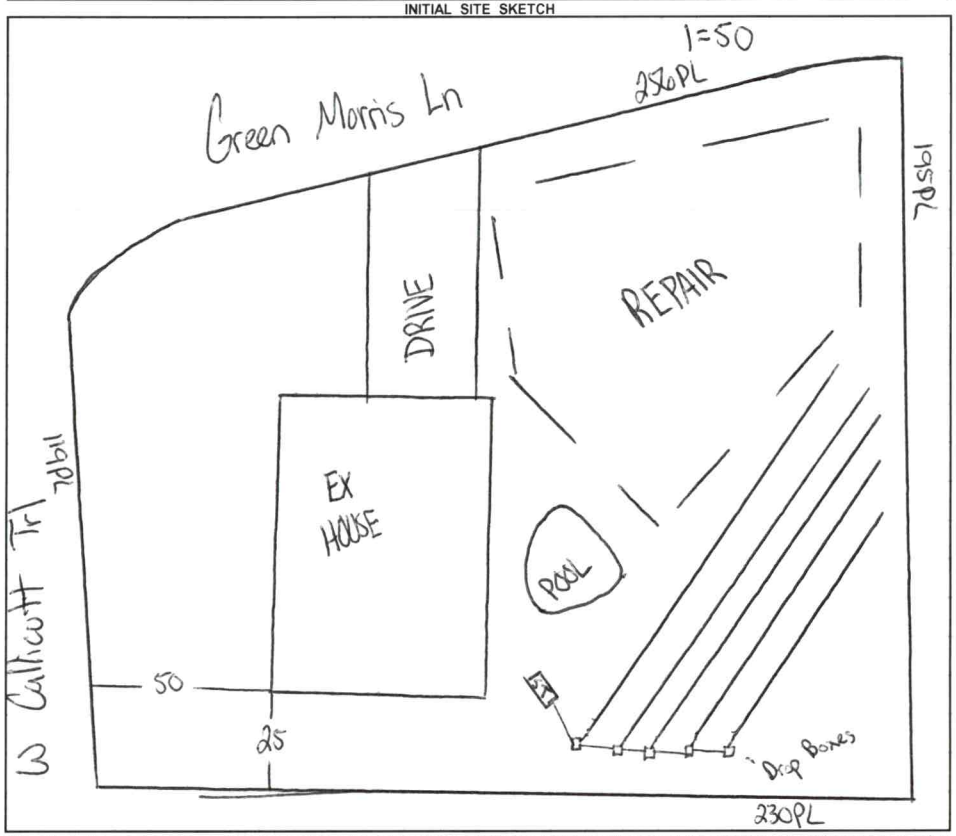
SUBDIVISION: The Farms | SECTION: | LOT # 18 | LOT AREA: 0.909 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: EX

Septic Tank	EX	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT		Date		System Description: 25% reduction				☐ Business	No. Persons 6	☐ Private
Pump Make		Model			Serial #		Repair System Description: DM 25% reduction				☒ Other	No. Employees 12	☐ Public
# Nitrification Fields	EX	# Lines	EX		Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width	EX	Trench Bottom Depth(Low side)		EX	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: System appeared to be working at time of inspection. No industrial waste to be put in system.

Approved for cosmetic tattoo business.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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: Online Signature | Date: | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Cary Whit | Date: 12/30/22

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ITY HEALTH DEPARTMENT

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

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

PIN# 4626-63-7315.18

Crescent Resources LLC Lake Forest Est LLC PHONE: Business _____ Home _____ DATE June 18, 03

Box 1003, Charlotte, N.C.

Brawley Sch Rd. TR Smithfork Turn Right on Agnew TR Green Morris Ln. on left at jct w/ West Callicutt Trail

RMS BLOCK / SECTION 1 LOT 18 LOT AREA .909 Ac SITE CLASS P3 DESIGN FLOW 480 gpd L.T.A.R. ~.25

Septic Tank: ___ Gallons; STB 40 Date 3/4/05

Pump Tank: ___ Gallons; PT ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

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

System Description: GRW.ty 25% Reduction

Repair System Description: PM/LP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No initially

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ___

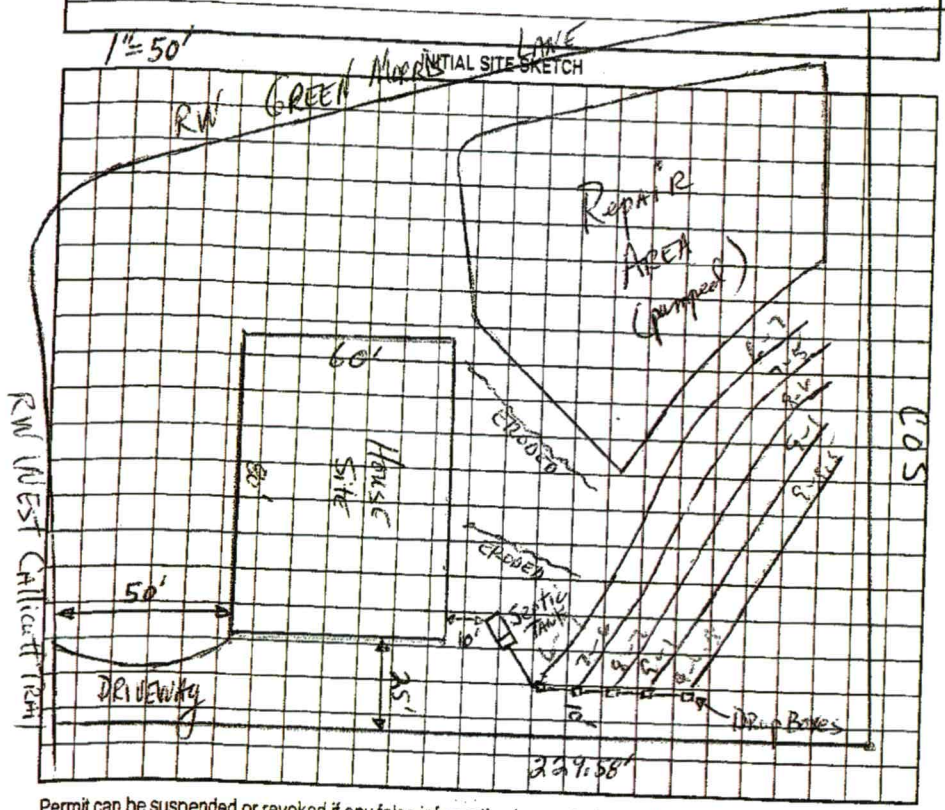
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

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: _____ date 6-27-05

Improvement Permit by: _____ date 6-18-03

Authorization to Construct by: _____ date 11/05

Installed by: _____

Operation Permit by: _____ date 8/26/05

Existing System Inspection by: _____ date _____

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