IREDELL COUNTY HEALTH DEPARTMENT

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

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

EXISTING

PERMIT# 132360 PIN# 4629 82 0116 DATE 4-13-06

OWNER OR APPLICANT JAMES & MELANIE MULLEN PHONE: Business _____ Home 704-596-5868

ADDRESS 2818 CHARLESTON WAY CHARLOTTE NC 28207

LOCATION 21 South (R) Perth (L) State Park (L) Morrison Farm (L) Buttermilk (L) Amity Hill 133

SUBDIVISION CLOT BLOCK / SECTION _____ LOT 20 LOT AREA .908AC SITE CLASS. PS DESIGN FLOW 4BD L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1 Linear Feet 225

No Lines 1 Trench Width 1 Max Trench Bottom Depth 1 Gravel Depth 1

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

System Description: EXISTING CONV GravW

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons 8 No. Employees _____

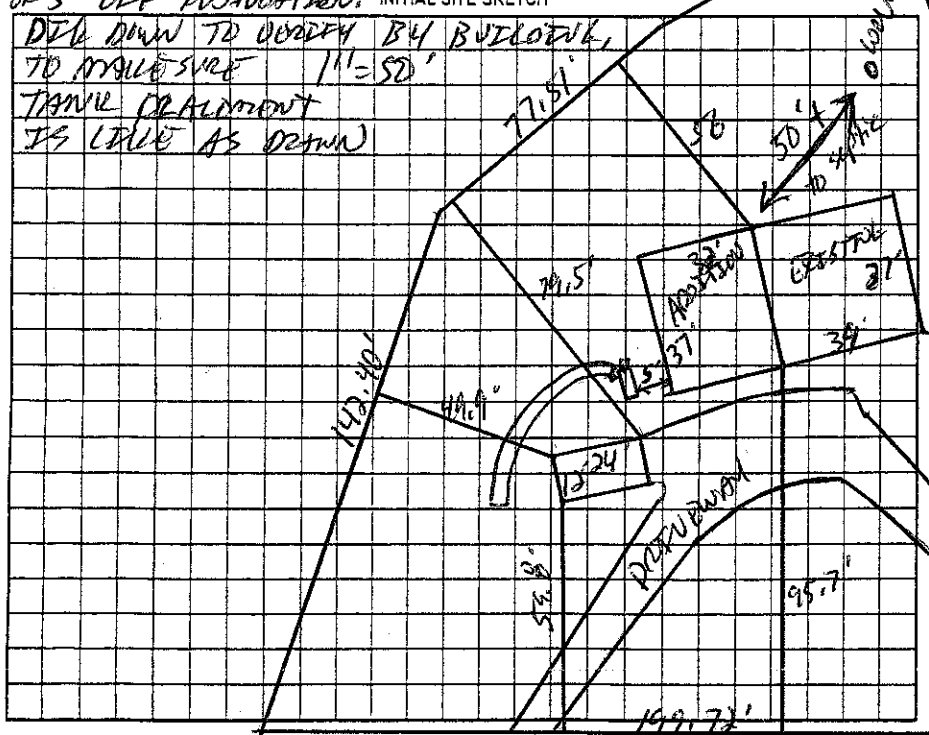
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: (1) System sized down for 4 Bedrooms. Addition is adding Bedroom & eliminating Bedroom. Flow has not changed (2) Tank is deep. Maintain setbacks of 5' off foundation.

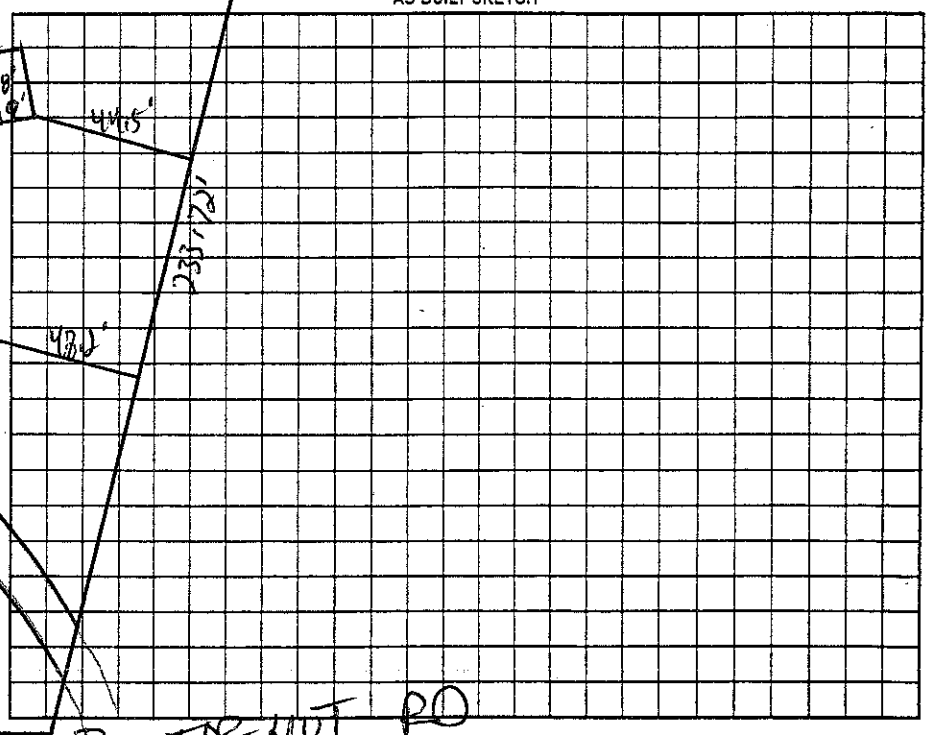
INITIAL SITE SKETCH

DEP down to verify by building, to make sure 1"=50' Tank Orientation is like as drawn



Comments/Conditions: 72.15' ↳ on Expansion (3) This is properly functioning system in use.

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: Melanie H. Mullen date 04/24/06 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 4-13-06

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