Pd $100.00 Exist

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141874 PIN# 4634997731 DATE 5-1-07

OWNER OR APPLICANT Robert Ciarletta PHONE: Business 402-6876 Home 896-6039

ADDRESS 290 Knox View Ln Mooresville, NC

LOCATION Langtree Rd TL 2nd Knoxview Dr to 7th lot on left

SUBDIVISION Kings Landing BLOCK / SECTION 1 LOT 50 LOT AREA .75 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Exist

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

Ex No. Lines 60 Trench Width 36" Max Trench Bottom Depth 36

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

System Description: Exist Pump - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

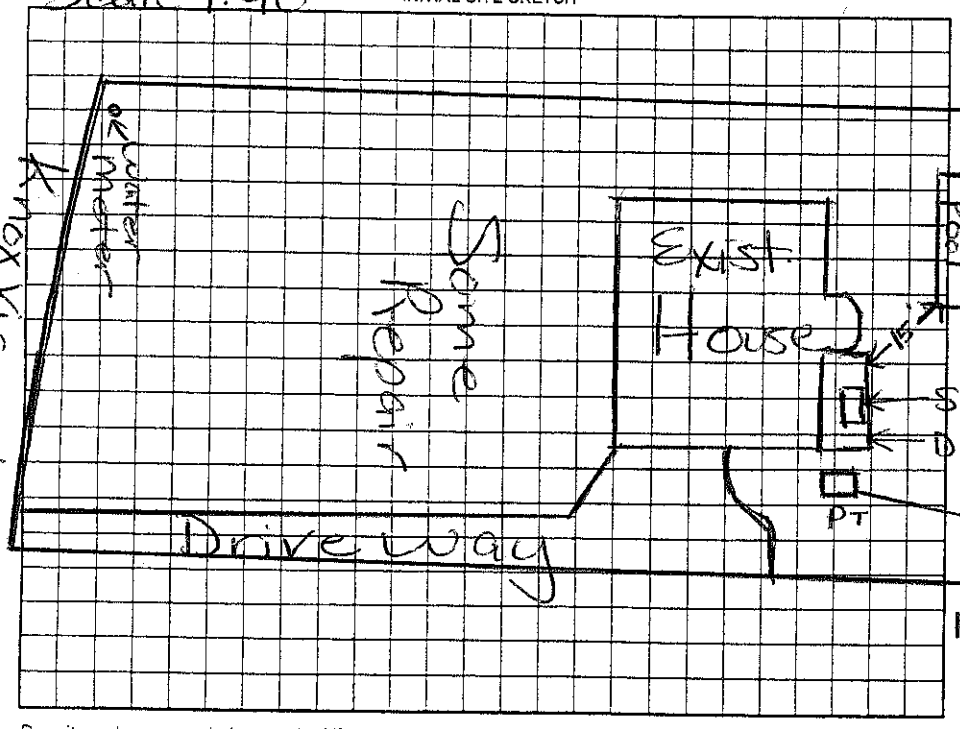
Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

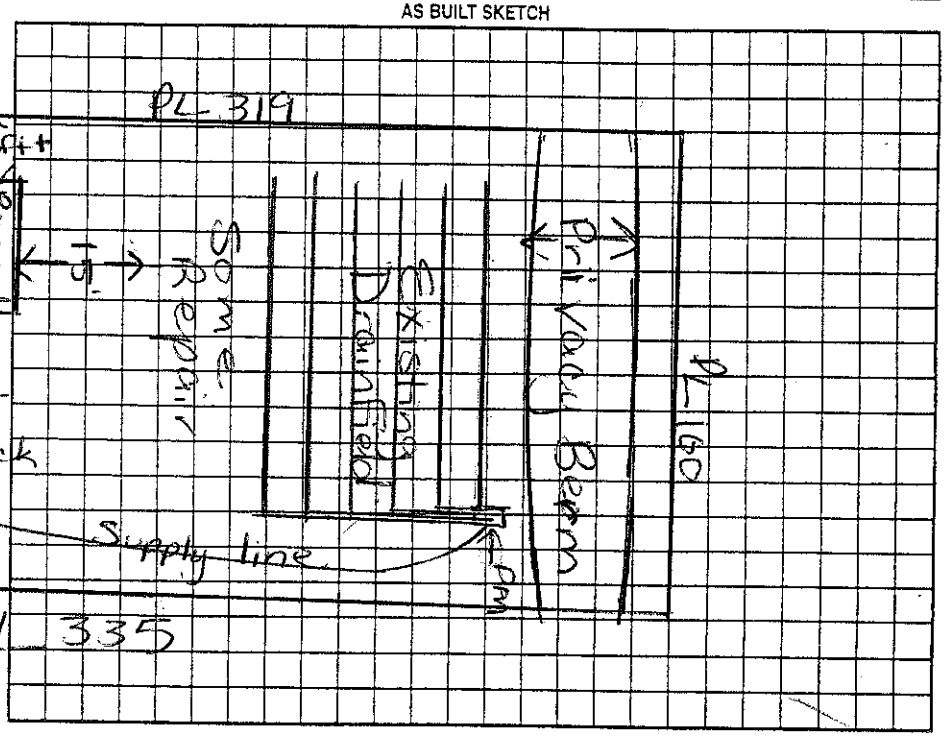
Comments:/Conditions: Existing Septic System Appears to be functioning okay at time of inspection.

Comments:/Conditions: Okay to install Swimming Pool, must be 15ft

Scale 1:40 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: Robert Ciarletta date 5/9/07

Improvement Permit by: Marian H Dolson RS date 5/1/07

Authorization to Construct by: Marian H Dolson RS date 5/1/07

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Marian H Dolson RS date 5/1/07

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