IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 160035 PIN # 4635170985 DATE 2-18-2010

OWNER or APPLICANT Chip Barker / Bob Pippin PHONE: Business 704 746-4393 Home: 704 881-2464

OWNER or APPLICANT ADDRESS 105 Lynnbrook Dr. Mooresville, NC 28117

LOCATION / DIRECTIONS Brawley School Rd to Quaker on left at end

SUBDIVISION The Point BLOCK / SECTION 1-C LOT # 16 LOT AREA 39,514 DESIGN FLOW 600gpd L.T.A.R. ~.25

Exist

Septic Tank 1500 Gallons: STB ____ Date ____

Pump Tank 1500 Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 5 Linear Feet 400'

Trench Width 36" Max. Trench Bottom Depth 30-36" Gravel Depth N/A

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

System Description: Exist Pump-LP- Panel Blk

Repair System Description: Same

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

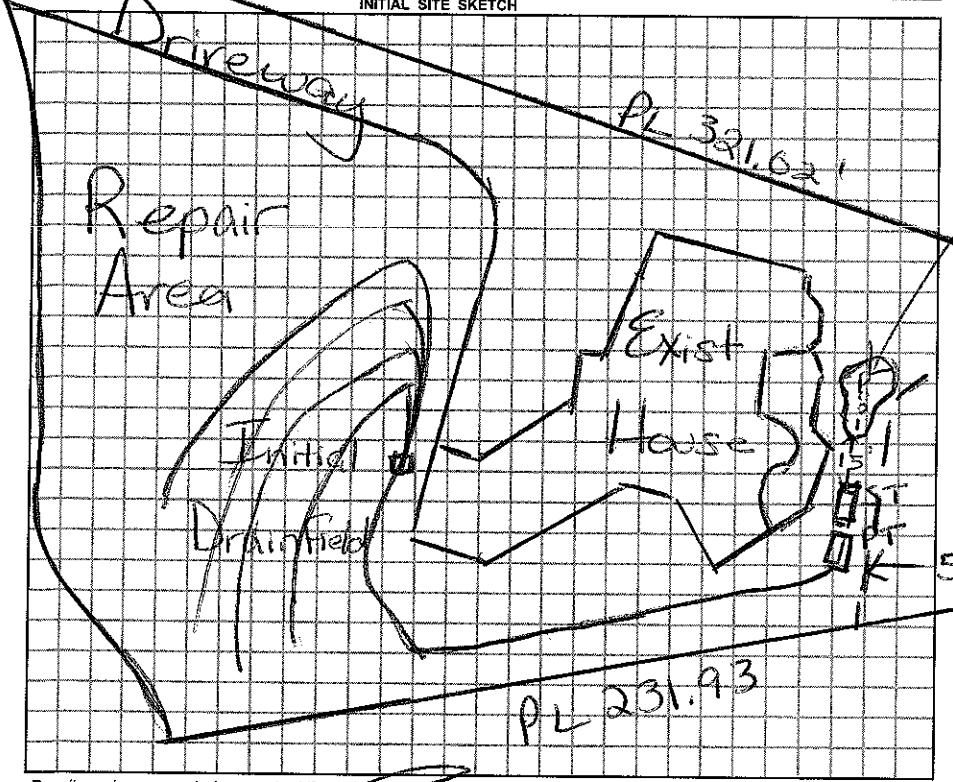
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☒ Community

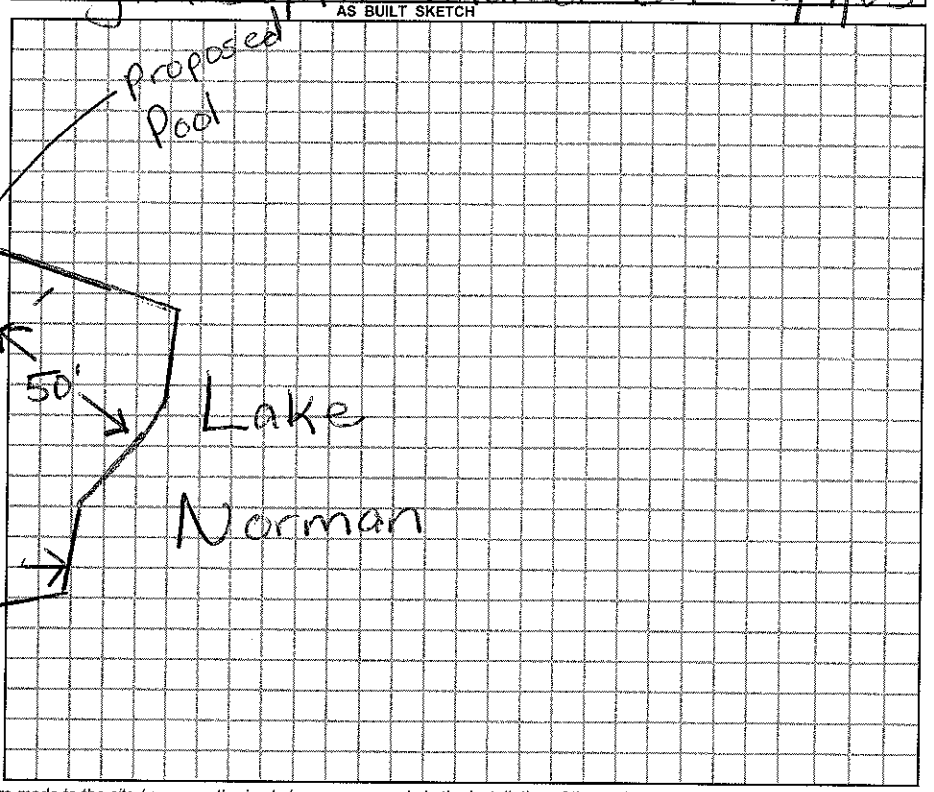
Comments / Conditions: Existing Septic System "appears" to be functioning OKay at time of inspection.

Comments / Conditions: Must keep pool "cut" at least 15Ft from STaPI, keep pool 10Ft from house & 50Ft from lake. Original Septic finaled on 11/4/05

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 w/ plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 2-18-10

Improvement Permit by: ____ Date ____

Authorization to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: [signature] REHS Date: 2/18/2010

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant