IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☒ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 169344 PIN # 4635-69-1786 DATE 12-1-11

OWNER TERRY & MELISSA WATKINS APPLICANT: TRUE HOMES PHONE: Home/Cell # 704-238-1229 Business #

SITE ADDRESS 313 COMMODORE LP OWNER / APPLICANT ADDRESS SAME

SITE DIRECTIONS I-77 S, EXIT 36 (STUTTS), COMMODORE ON R

SUBDIVISION COMMODORE PENN. BLOCK / SECTION LOT # 109 LOT AREA .491 AC DESIGN FLOW 360 GAL/DAY L.T.A.R. .3

Septic Tank Ex. 1000 Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

No. Nitrification Fields: No. Lines Linear Feet

Trench Width Max Trench Bottom Depth EXISTING

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

System Description: G-PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required ☐ YES ☒ NO

Gravel Depth ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

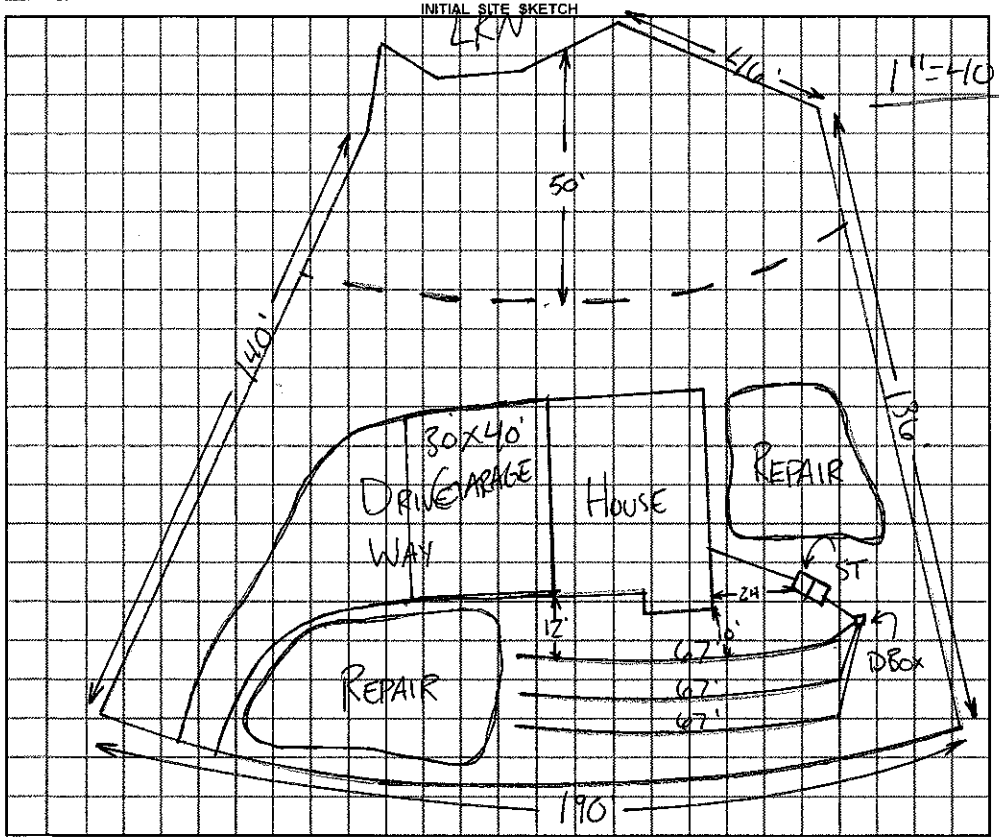
☐ Private

☐ Public

☒ Community

Comments / Conditions ① HOUSE MUST BE MIN 5' FROM SEPTIC

INITIAL SITE SKETCH



AS BUILT SKETCH

Location of the proposed GARAGE addition does not appear to impact the existing on-site septic system.**NOTE:

REHS

Date: 1-13-12

ICHD-Environmental Health Division

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 plat valid without expiration. site plan valid 60 mo. ☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT–not to exceed 60 mo.

Owner / Applicant Signature Melissa Watkins Date 12-2-11 Installed by:

IMPROVEMENT PERMIT by: REHS Date OPERATION PERMIT by: REHS Date

AUTHORIZATION TO CONSTRUCT by: REHS Date Existing System Inspected by: REHS Date 12-1-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy -- Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19797 DATE May 17, '95 TAX MAP NO. 2664 109 & 110 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jay Johnson PHONE: Business 704-635-69-1792 Home WSW

ADDRESS PO Box 1001 Mooresville

LOCATION Brawley School Rd TL Shutts Rd TL 2nd Commodore Loop ~500' on Right

SUBDIVISION Commodore Pen. BLOCK / SECTION _____ LOT 109/110 Combined LOT AREA 2/3 AC SITE CLASS PS per 1950 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/26/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: gravity PPBRS

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

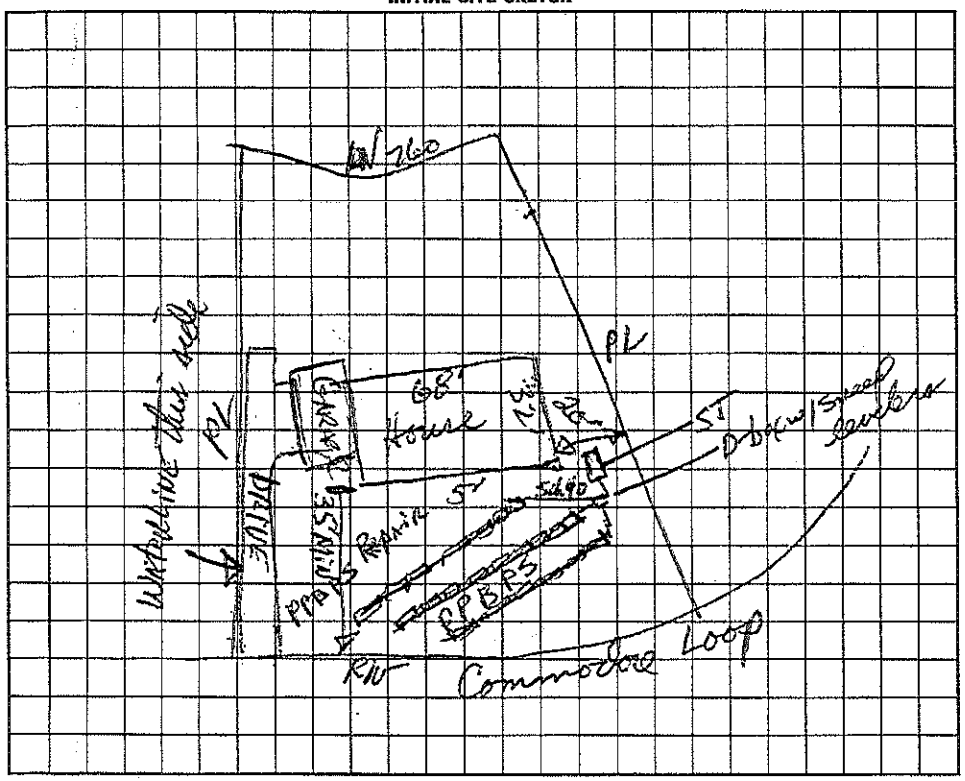
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Jeleresla to follow contours.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____, RS date 5/17/95

Existing System Inspection by: _____ date _____

Installed by: FJ Ervin

Certificate of Completion by: Wesley Sparks RS date 8/30/95

Operation Permit by: _____ date _____

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