IREDELL COUNTY HEALTH DEPARTMENT

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

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

375.00 Paid

PERMIT# 132294 PIN# ~~4635 918 573~~ 4635918590.000 DATE 11/14/05

OWNER OR APPLICANT Joseph & Andrea Nemecheck PHONE: Business _____ Home _____

ADDRESS 195 Knox Row Ln. Mooresville NC 28117

LOCATION 1155, Rt Longtree, on Rt just before Lakeshore

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 15.709 ac SITE CLASS. PS DESIGN FLOW 720 L.T.A.R. 0.25

Septic Tank: 1500 ✓ Gallons; STB 40 Date 11/5/06

Pump Tank: 1500 ✓ Gallons; PT 486 Date 9/15/05

Pump Make: ZOELLER Model N166-E Serial No. 1119/06

Nitrification Field: No Fields 1 Square Feet 2163 Linear Feet 721

No Lines 12 @ 60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

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

System Description: Pump 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 6 No. Persons ___ No. Employees ___

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

1"=200'

Comments:/Conditions:

The proposed OUT BUILDING addition does not appear to impact the existing septic system.

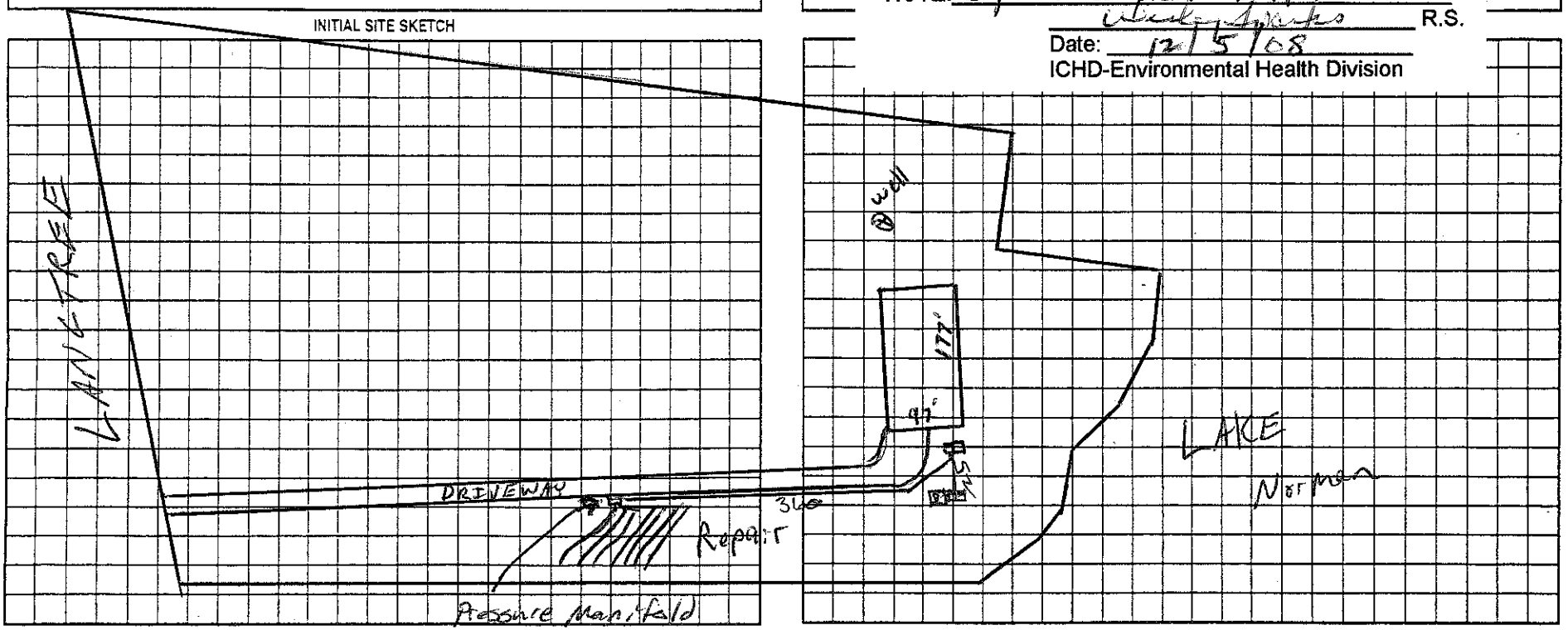
**NOTE: System completed 1/22/07

Wesley Sparks R.S.

Date: 12/5/08

ICHD-Environmental Health Division

INITIAL SITE 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 11/16/05 Installed by: E+M

Improvement Permit by: _____ RS date 11/14/05 Operation Permit by: Wesley Sparks R.S. date 1/22/07

Authorization to Construct by: _____ RS date 11/14/05 Existing System Inspection by: _____ date _____

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