(OWES $110)

JM

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 175030 PIN # 4636117443 DATE 10/22/12

OWNER or APPLICANT KIMBERLY & JON POKORNY PHONE: Business 704 786 1019 Home: 704 360 2170

OWNER or APPLICANT ADDRESS 188 COVE CREEK LOOP, MOORESVILLE NC 28117

LOCATION / DIRECTIONS BRAWLEY SCHOOL - TL ISLE OF PINES - TR COVE CREEK - ON RT. - CORNER OF MUSSEL CT

SUBDIVISION NORTH SHORE BLOCK / SECTION 3 LOT # 74 LOT AREA .55AC DESIGN FLOW 480 GPD L.T.A.R. EXISTING

Septic Tank EXISTING Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 400-EXISTING

Trench Width 36" EXISTING Max. Trench Bottom Depth EXISTING Gravel Depth —

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

System Description: GRAVITY 25% REDUCTION-EXISTING

Repair System Description: LP PPBPS

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees _____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

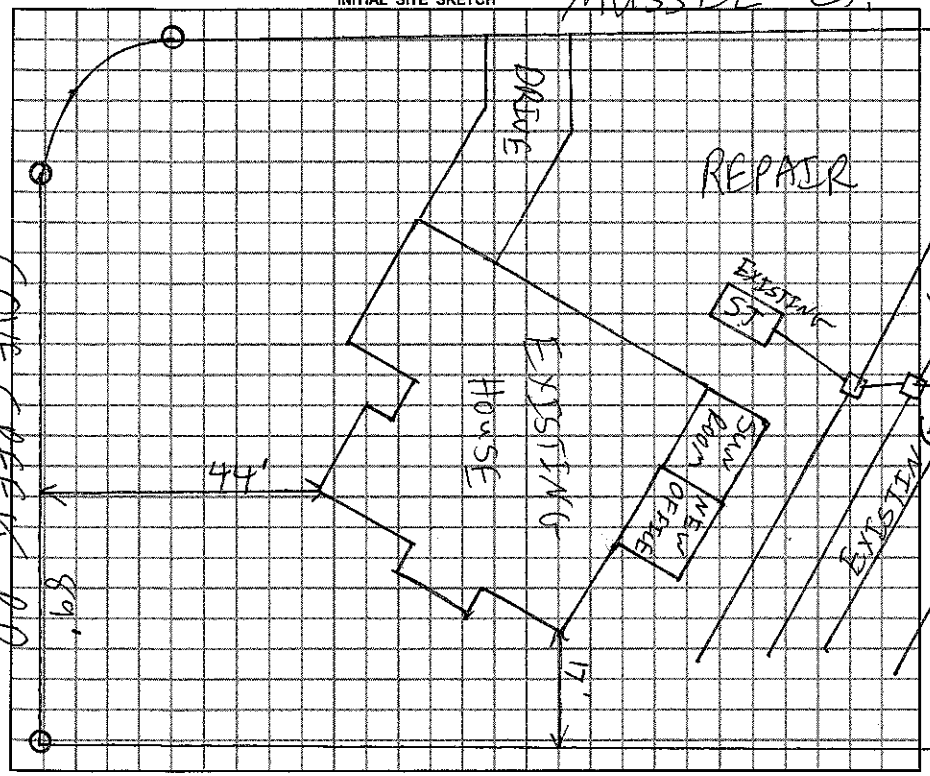
Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions KEEP NEW ADDITION 5' FROM SEPTIC TANK AND LINES.

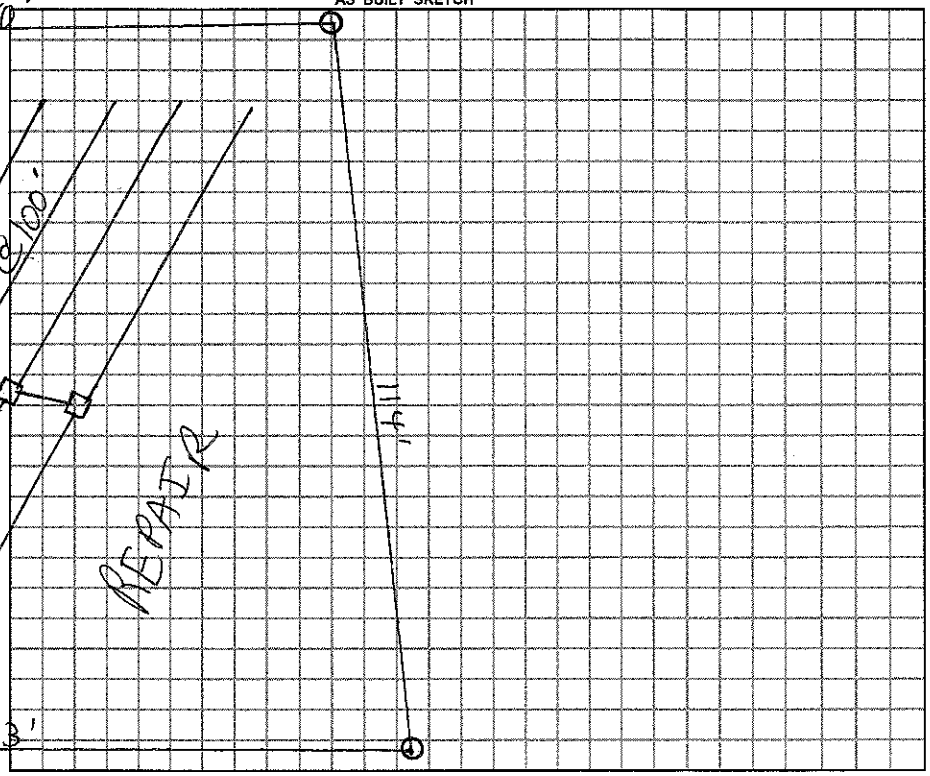
1"=30'

Comments / Conditions ADDING AN OFFICE WITHOUT A FULL BATHROOM TO EXISTING DECK PERIMETER. ENCLOSING LOWER DECK FOR A SUNROOM, NO FULL BATHS ON LOWER LEVEL WHERE ADDITION IS GOING.

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: _____ Date _____

Improvement Permit by: _____ Date _____

Authorzation to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: C. Brady Feemster REHS Date: 10/22/12

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