IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 MOORESVILLE 704-664-5281

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

PERMIT# 110047 / 142286 PIN# 4636-25-5307.22 DATE Sept 25, 03

OWNER OR CONTRACTOR Ron Smyth / KRALOVIC CONST. PHONE: Business _____ Home _____

ADDRESS 130 Lug Nut Road, Mooresville, N.C. 28117

LOCATION Brawley Sch Rd TL Isle of Pines TL Pine Mist TR Misty Meadows AT END

SUBDIVISION Whispering Oaks BLOCK / SECTION _____ LOT 22 LOT AREA .85Ac SITE CLASS. 75 DESIGN FLOW 460gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 11/08

Pump Tank: 1000 Gallons; PT 29 Date 1/25/08

Pump Make: Goulds Model PE-511M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines ~~4 or 3~~ Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM - 25% Reduction

Repair System Description: LF 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

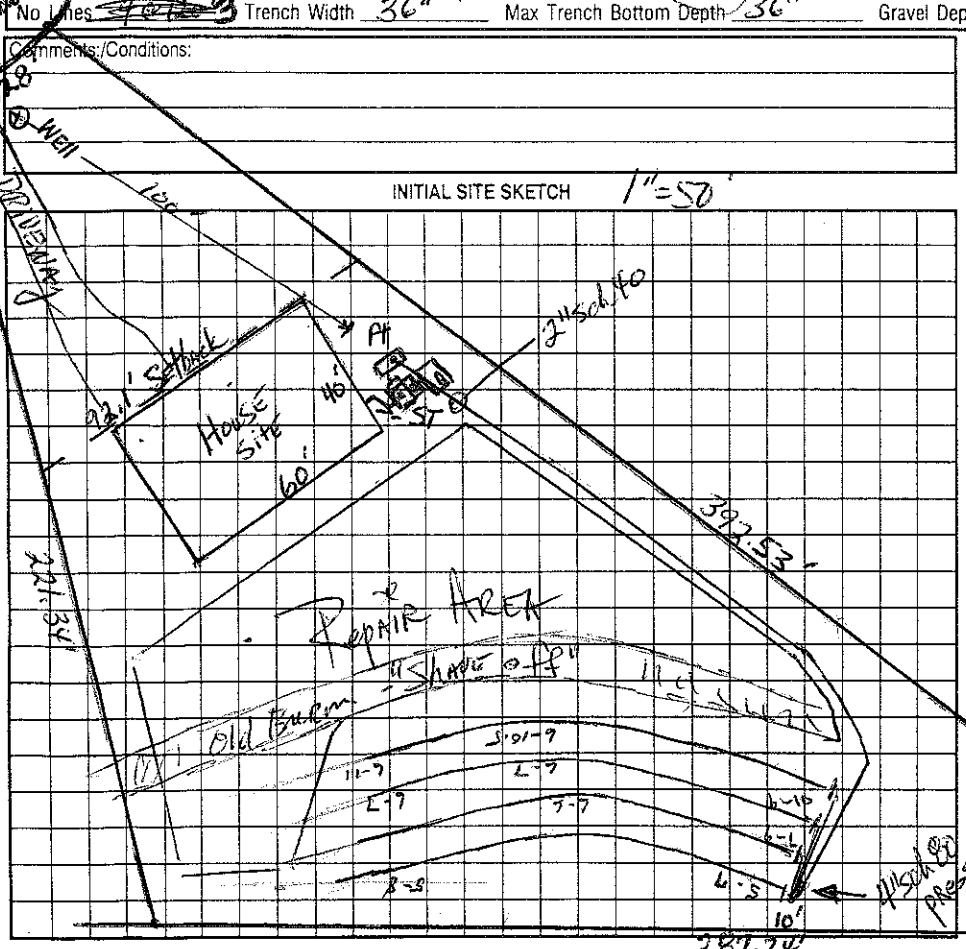
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: Installation 3 lines 100' x 3' from P-M

INITIAL SITE SKETCH 1"=50'



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: _____ date 9-26-03 Installed by: Richard Lebengood

Improvement Permit by: _____ date 9-25-03 Operation Permit by: _____ RS. date 4/9/08

Authorization to Construct by: _____ RS date 6/2/06 Existing System Inspection by: _____ date _____

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