IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 175554 PIN # 4636653158 DATE 11-27-2012

OWNER or APPLICANT Jon & Jessica Miller PHONE: Business Home: Jess 7045640330

OWNER or APPLICANT ADDRESS 284 Mallard Way Mooresville NC 28117

LOCATION / DIRECTIONS Brawley School Rd TO Mallard Way past Clubhouse ~.5 miles on rt.

SUBDIVISION Mallard Head BLOCK / SECTION LOT # 167 LOT AREA .63Ac DESIGN FLOW 480gpd L.T.A.R. .3

Exist

Septic Tank 1000 Gallons: STB 794 Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

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

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

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

System Description: Gravity - EZ Flow

Repair System Description: Pump - Panel BIK

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

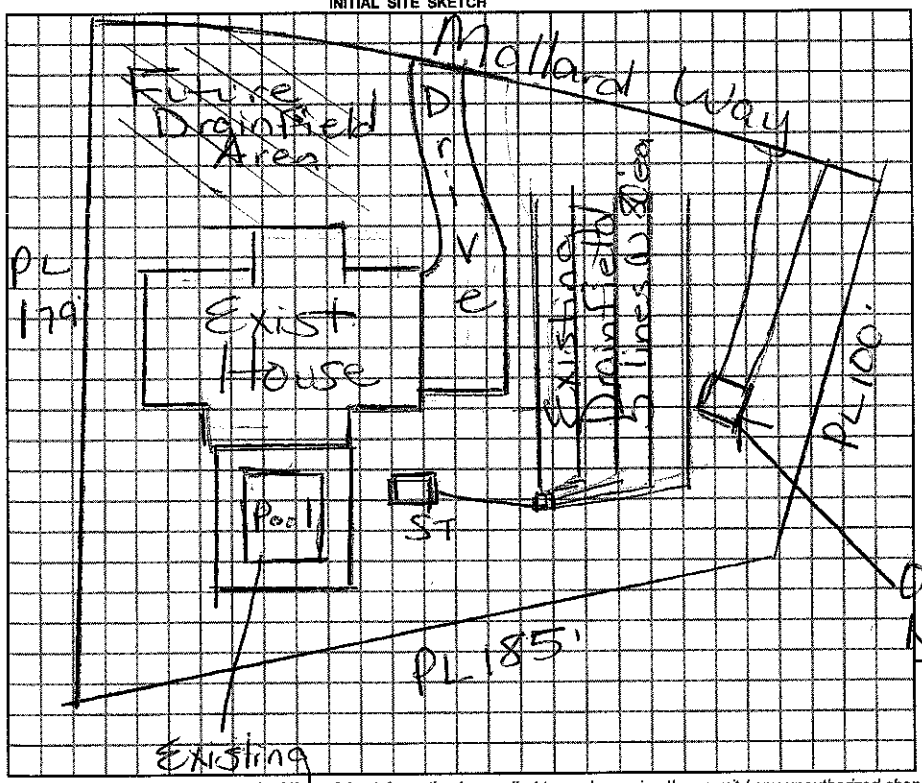
Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions Note: Previous owner Applied for permit but structure is existing.

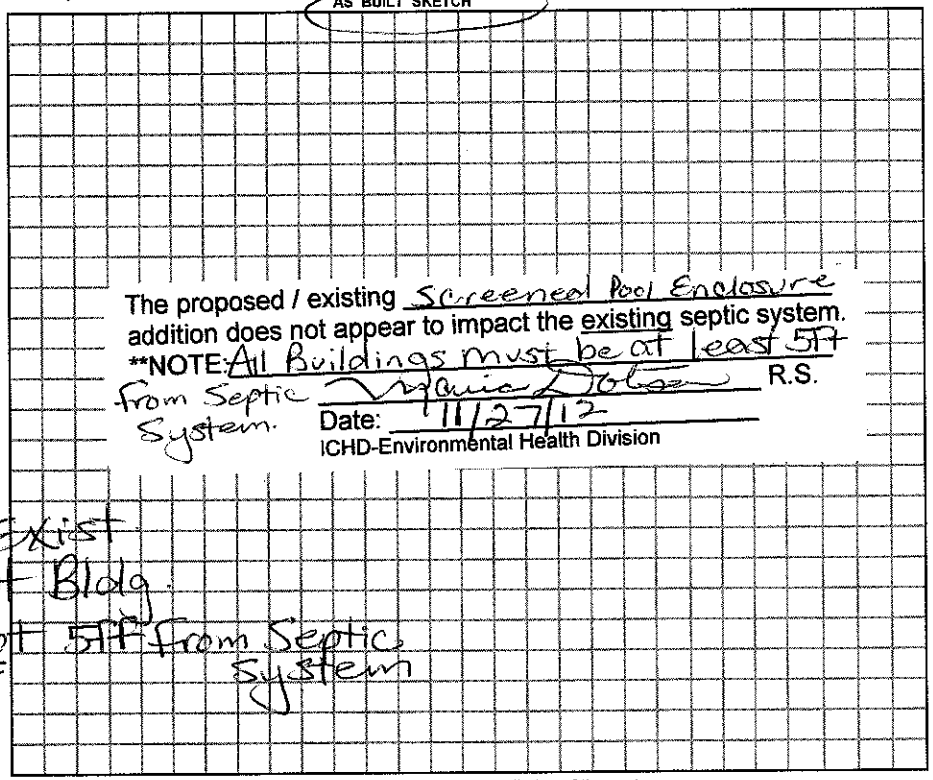
Scale 1:50

Comments / Conditions Note: Existing Out Bldg is not required 5FT from Septic System. All of Drainfield "Repair" area will fit in front

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

Installed by: Hallman Construction installed 1/6/04

Operation Permit by: Date:

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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