IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128348 PIN# 4636-74-1955 DATE 6/20/05

OWNER OR CONTRACTOR Steven Fricker PHONE: Business _____ Home _____

ADDRESS 231 Pintail Run Ln Mooresville NC 28117

LOCATION BSR, TL Canvasback, TR Old Sequaw, TL Billy Joe, TR Pintail on Lt. #231

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.629AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. —

Septic Tank: Exist. Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Exist. Conv. Bed
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

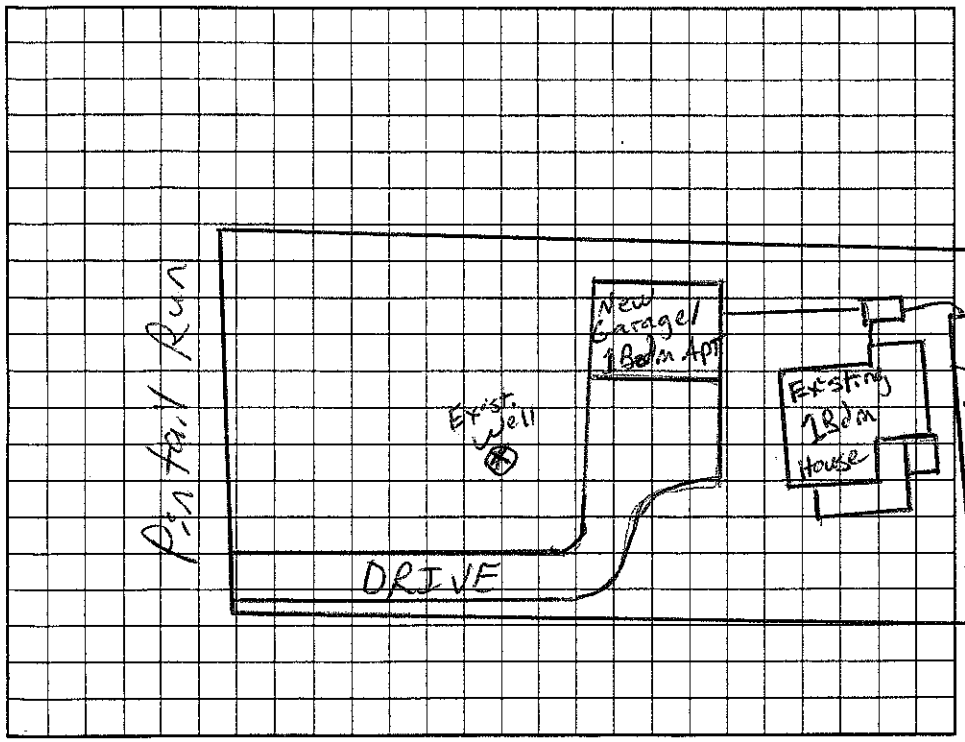
☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☒ Other Garage/1 bedroom Apt.
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

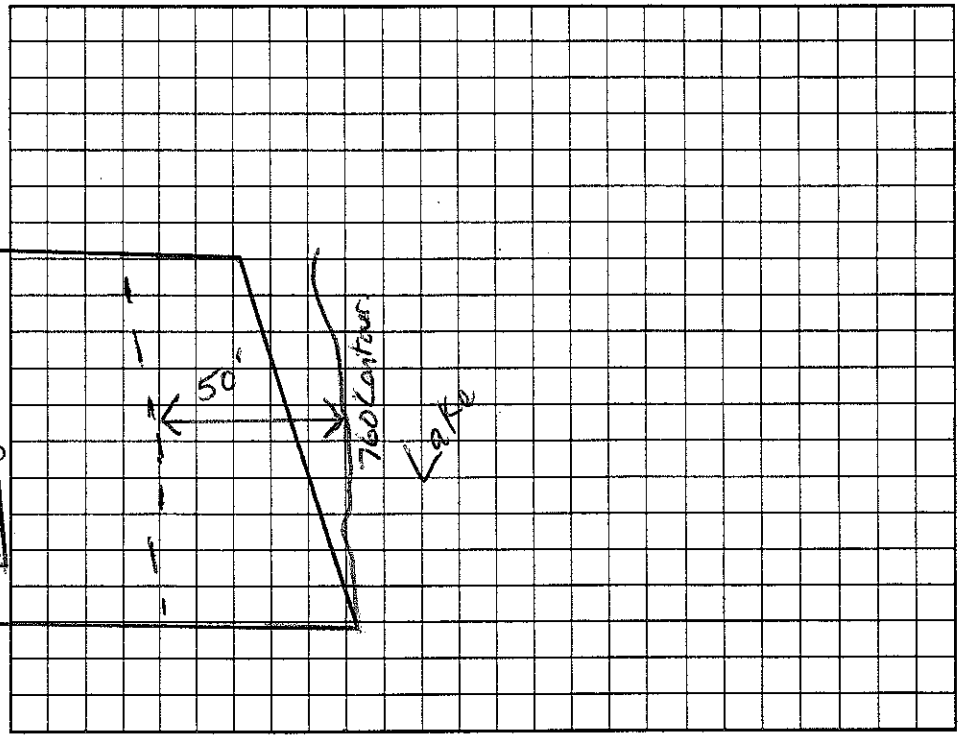
Comments:/Conditions: Existing home will be demolished after Garage/Apt is built - Future Home planned For that Location

Comments:/Conditions:

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 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: [signature] of SMARTLT Homes FOR STUART FRICKER date 6/21/05

Installed by: _____

Improvement Permit by: _____ date _____

Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Existing System Inspection by: [signature] RS date 6/20/05

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