IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092031 PIN# 4637077875 DATE 9/29/00

OWNER OR CONTRACTOR Van Edward Coutn PHONE: Business ENTERED Home ~~664-7868~~ 799-7528

ADDRESS 150 Rocky River Rd. Mooresville, NC. 28115

LOCATION 150W, Quiet Cove Rd. & Trollingwood on (R) # 142

SUBDIVISION Spring Lawn BLOCK / SECTION 2 LOT 46 LOT AREA .44 AC. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND.

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

System Description: EXISTING SYSTEM

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH

The proposed / existing BEDROOM addition does not appear to impact the existing septic system.

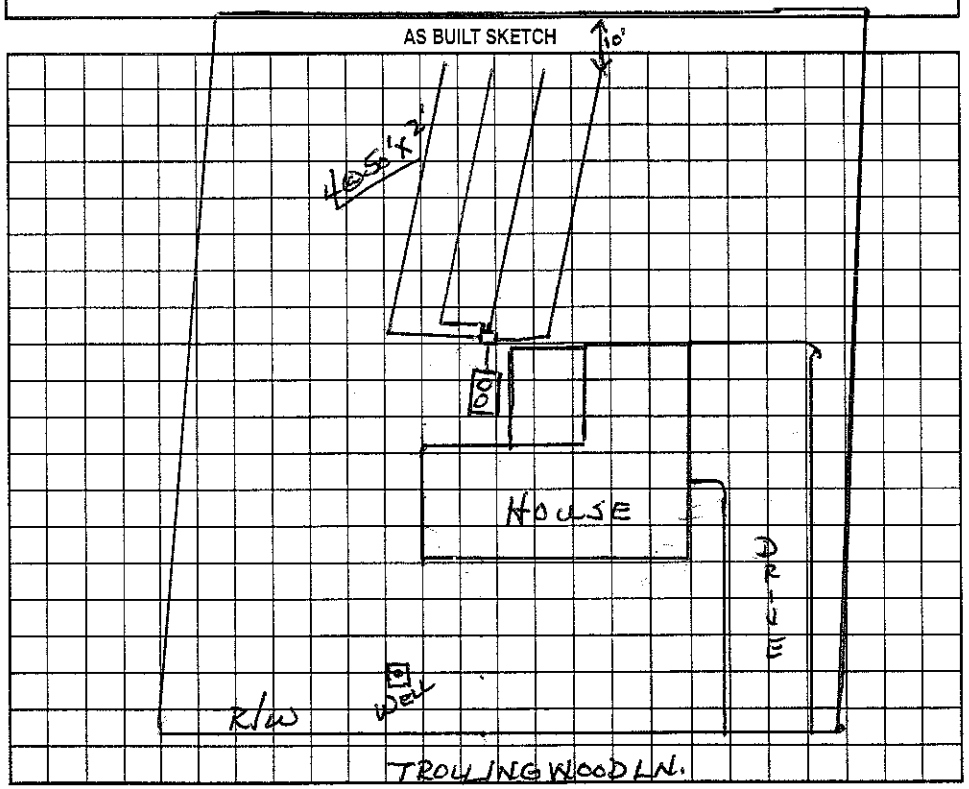
**NOTE: ____

C M A R.S.

Date: 2/24/14

ICHD-Environmental Health Division

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 ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Wesley Sparks R.S. date 9/29/00

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