3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11928 PIN# 4637 08 9084 DATE 8/31/06

OWNER OR APPLICANT Chearge Bodesteen PHONE: Business ____ Home ____

ADDRESS 164 Quiet Cove Rd Mooresville NC 28117

LOCATION 150 W TL Quiet Cove, TL Trollingwood, on 4

SUBDIVISION Spring Acres BLOCK / SECTION ____ LOT 17/18 LOT AREA 1.0 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 825 Date 3/11/07
Pump Tank: 1000 Gallons: PT 302 Date 2/19/07
Pump Make: ZOELLER Model N-1523 Serial No. 5/07
Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: Paul Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

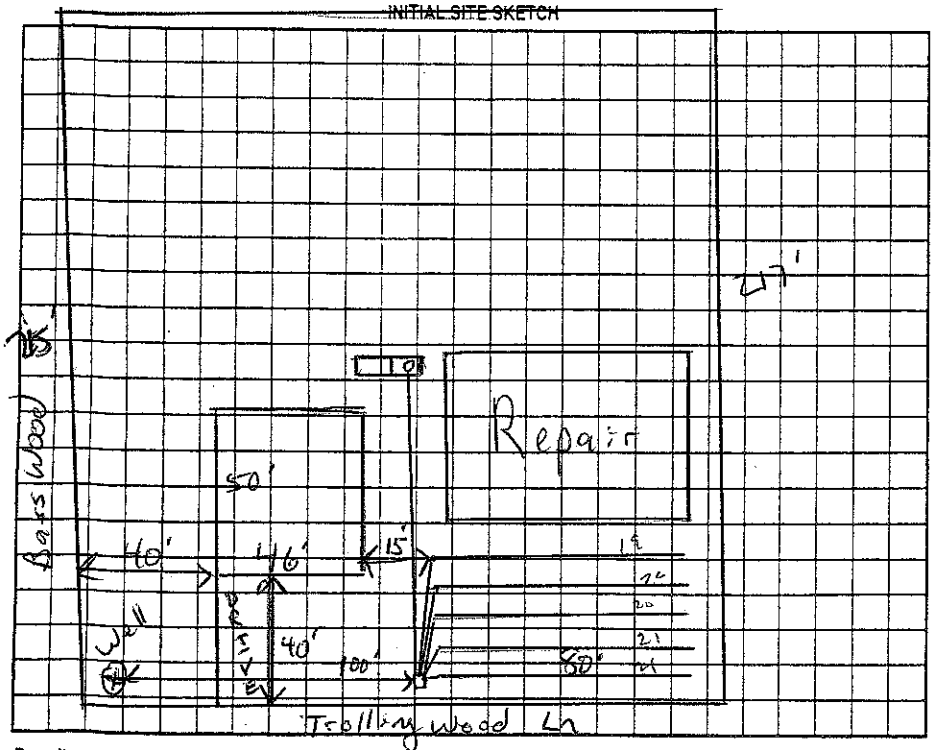
☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

1"=60'

Comments/Conditions: IP4W

INITIAL SITE SKETCH



AS BUILT SKETCH

8-31-07 Checked 2 rms that needed altering to non bdrms to keep 4 Bd. total
Basement rm changed to arched opening
Upper level left side in back changed to solid wall instead of door from hall.
Owner stated studs put in opening before covering

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 09-12-06 Installed by: Roosa Septic Tank

Improvement Permit by: ____ date 9/11/06 Operation Permit by: Judy McNeill date 9-4-07

Authorization to Construct by: ____ date 9/11/06 Existing System Inspection by: ____ date ____

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