IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5287

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

IN-SP.10

PERMIT# 143715 PIN# 4638019552 DATE 7-25-7

OWNER OR APPLICANT Ronald S. Karns PHONE: Business 704-906-7438 Home 704-664-7901

ADDRESS 173 Ross Rd Mooresville NC 28117

LOCATION 150 W TR Waddell TR Hermance TR Ross at end on left

SUBDIVISION CL4T BLOCK / SECTION 11 LOT 226 LOT AREA .717 Ac SITE CLASS. _____ DESIGN FLOW 480 gpd L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: 1500 * Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 350' *

No Lines 3 * Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 10"* ☒ Gravity ☐ Pressure

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

System Description: Existing Bed

Repair System Description: max. feasible Rule, 1945

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: → Septic easement required for system and property line setback - see attached

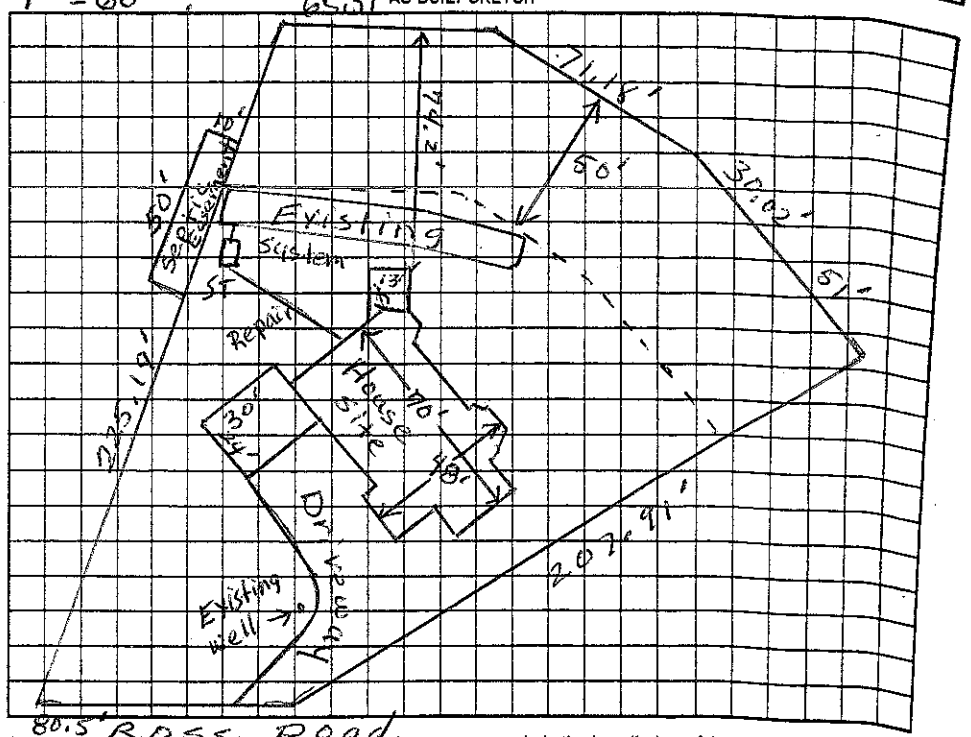
→ * See existing permit from 3-17-76 for specifications

→ 5'+ from house to existing system - attached

INITIAL SITE SKETCH

1" = 60'

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: Don Bumford date 7/25/07 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Judy Melville date 7-25-07

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