IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126835 PIN# 4638835901 DATE 3-10-05

OWNER OR CONTRACTOR Shirley Rico PHONE: Business _____ Home _____

ADDRESS 163 Wilson Lake Rd Mooresville, NC 28117

LOCATION Hwy 150 W TR Perth Rd TR by Lakeshore School Sign TL on Wilson Lake Rd on left

SUBDIVISION C L & T BLOCK / SECTION 11 LOT 1085 LOT AREA .845 Acre SITE CLASS. PS DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Existing Gravity-Plastic Chamber

Repair System Description: Modified

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

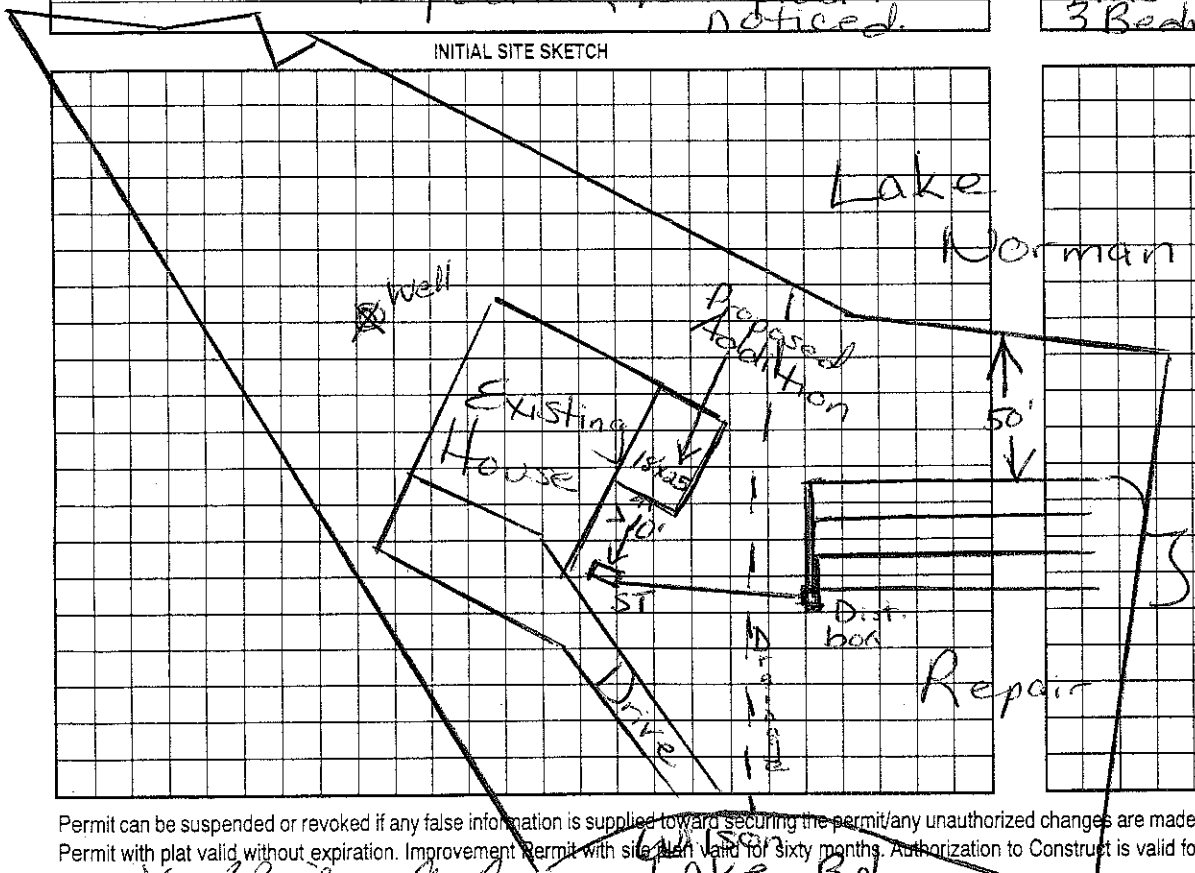
Water Supply: ☒ Individual ☐ Public ☐ Community

Existing

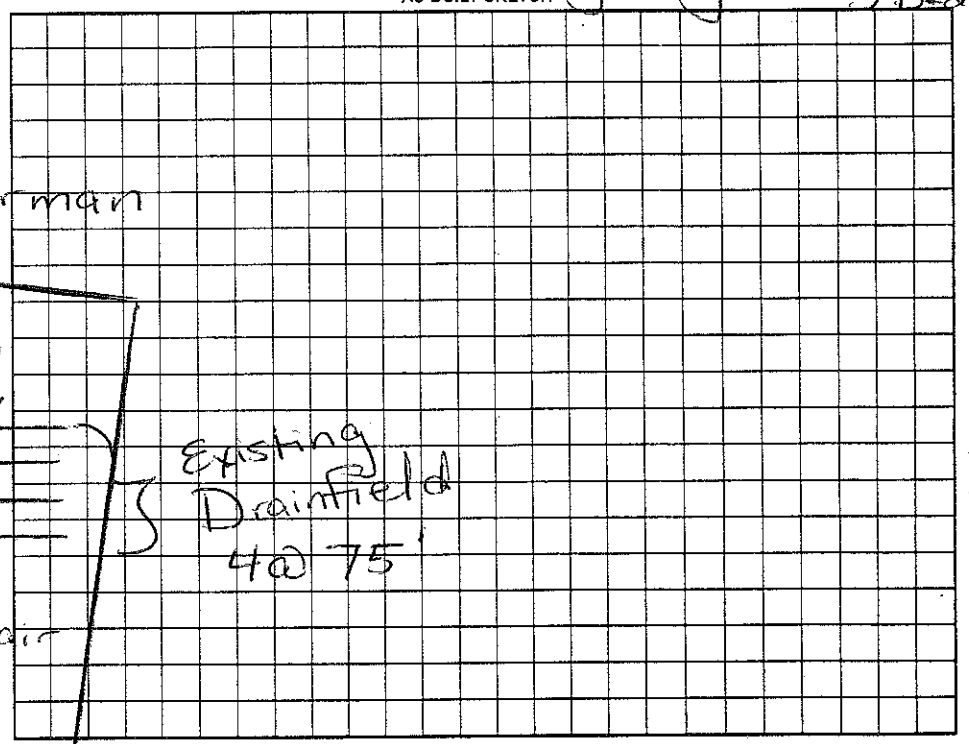
Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection, No problems noticed.

Comments:/Conditions: Keep Building addition at least 10' from Septic System Has 2 Bedroom House; Upgrading to 3 Bedrooms. House originally size for 3 Bedroom

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: X Shirley A. Rico date _____ Installed by: _____

Improvement Permit by: Maria H. Dolan RS date 3/10/05 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dolan RS date 3/10/05

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

1:00

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22983 DATE 10/31/96 TAX MAP NO. pt of 2PB14 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR SHIRLEY RICO PHONE: Business 344-6103 Home 364-1755

ADDRESS 1509 RONNY MEDE LN CHARLOTTE, NC 28211

LOCATION 150 W-JR PERTH RD. JR NILSON LAKE RD.

SUBDIVISION CRESCENT LN BLOCK / SECTION 11 LOT 1085 LOT AREA .884C SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3 GPD/FT

Septic Tank: 1000 Gallons; STB 825 Date 8/21/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY CHAMBERED OR SEND

Repair System Description: MODIFIED — Pump?

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

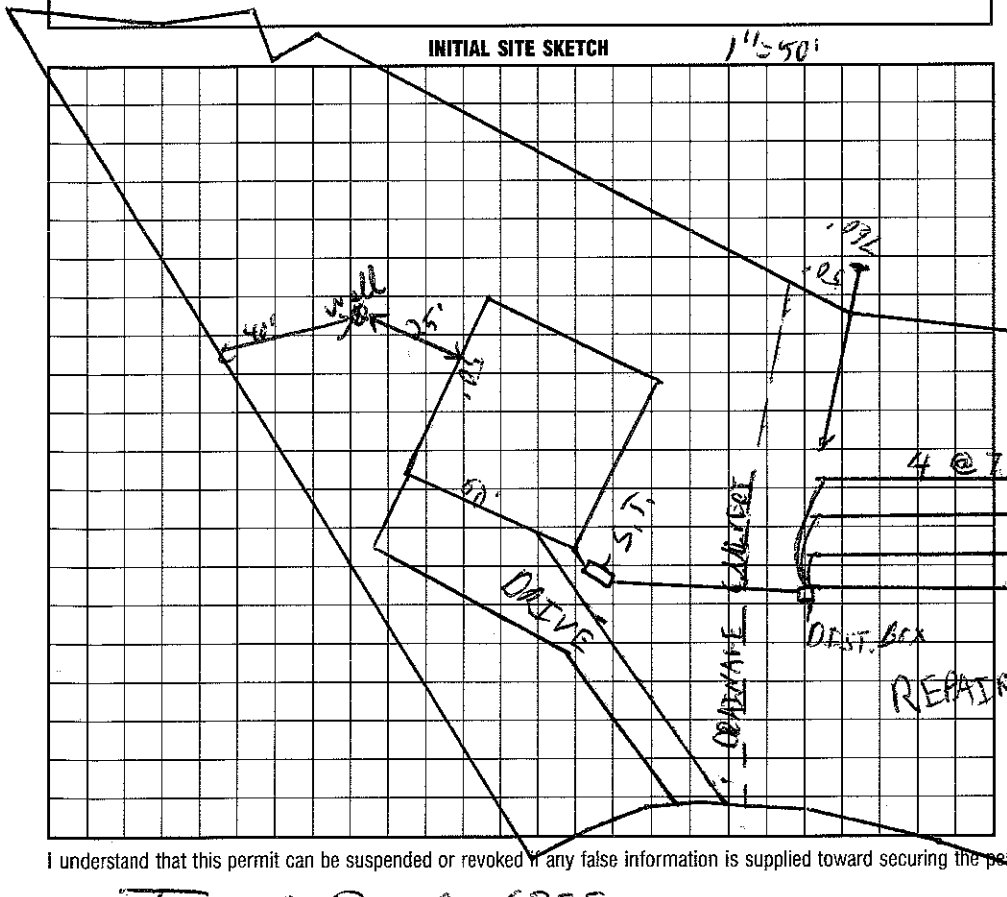
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

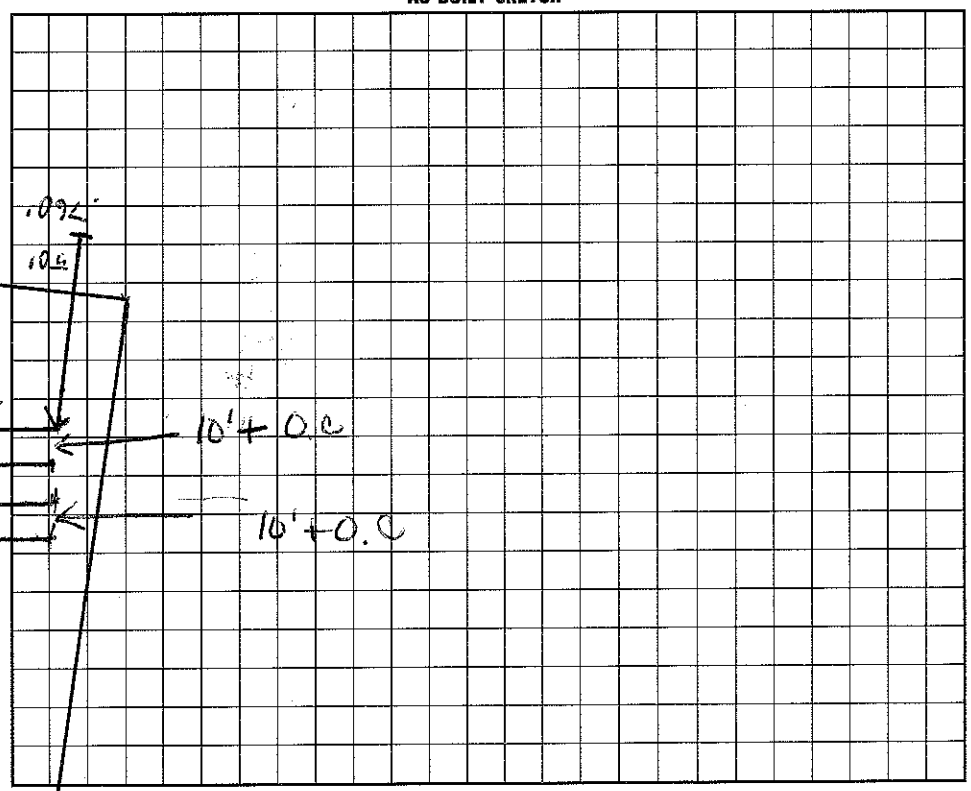
Comments:

Comments: Installed as drawn

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



I understand that this 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.

Signed: Tony C Jacob CPSS (R)

Improvement Permit by: C. Robertson EHSF date 10/31/96

AUTHORIZATION Existing System Inspection by: C. Robertson EHSF date 10/31/96

TO CONSTRUCT

Installed by: Bostic

Certificate of Completion by: Maria H. Dotson date 10/15/97

Operation Permit by: Maria H. Dotson date 10/15/97

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