IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 156409 / 156411 PIN # 4638 90 9692 DATE 5/26/09

OWNER or APPLICANT Matt Ewoldt PHONE: Business Home: 704-664-7183

OWNER or APPLICANT ADDRESS 318 Erwin Rd. Mooresville, NC. 28117

LOCATION / DIRECTIONS 150 N TR Erwin Rd. to # 318 on (R)

SUBDIVISION Lynnbrook Acres BLOCK / SECTION LOT # 9 LOT AREA .61Ac DESIGN FLOW 480 L.T.A.R.

Septic Tank 1000 Gallons: STB Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines Linear Feet EXISTING SYSTEM

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description: EXISTING SYSTEM

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE 50'

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

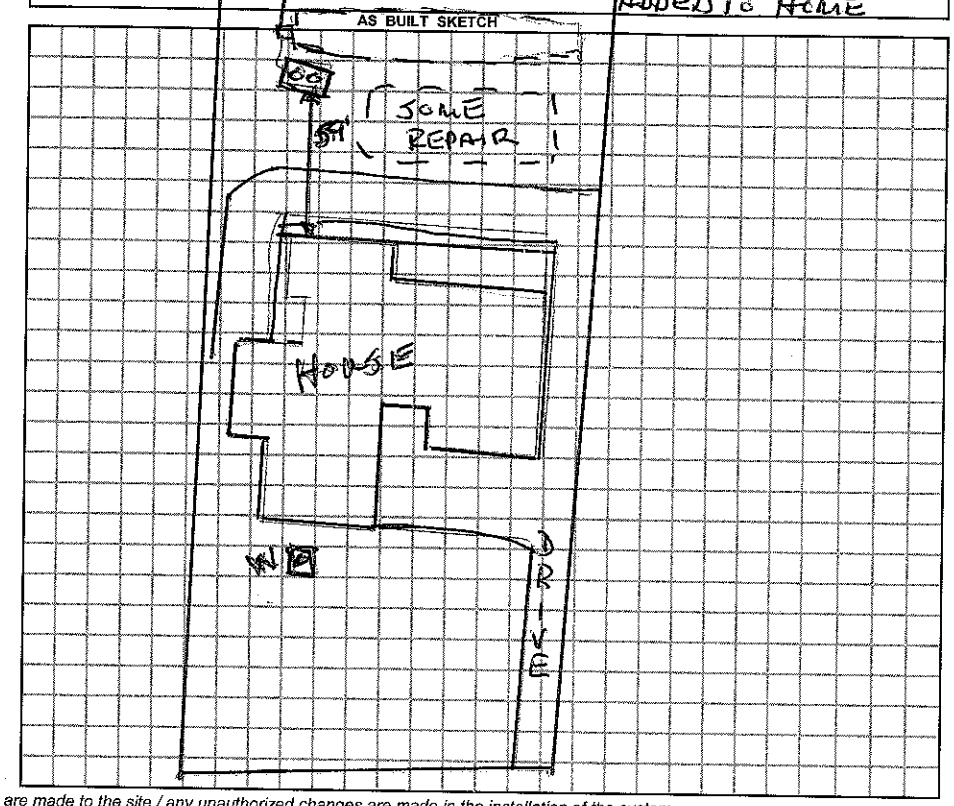
Comments / Conditions

Comments / Conditions

APPROVED FOR FOYER REMODEL AND BASEMENT REMODEL; NO BEDROOMS ADDED TO HOME

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 w / plat valid without expiration* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Matt Ewoldt Date 6/1/09

Improvement Permit by: Date

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Wesley Sparks R.S. Date: 5/26/09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lauren Edwards DATE 4-7-82 PERMIT NO. 75

PHONE: Business _____ Home _____

LOCATION 150 West TR 1304 go to end bear left 8th lot on R

S. R. No. _____

SUBDIVISION NAME Lynn Brook Acres LOT NO. 9 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	(X)	No	( )	Character & Porosity of Soil _____
Auto. Dishwasher	Yes	(X)	No	( )	Percolation Rate _____
Auto. Wash. Machine	Yes	(X)	No	( )	Topography Existing
Site Suitable	Yes	(X)	No	( )	Depth to Water Table System
					Rock or other impervious formations _____

Lot Area Existing

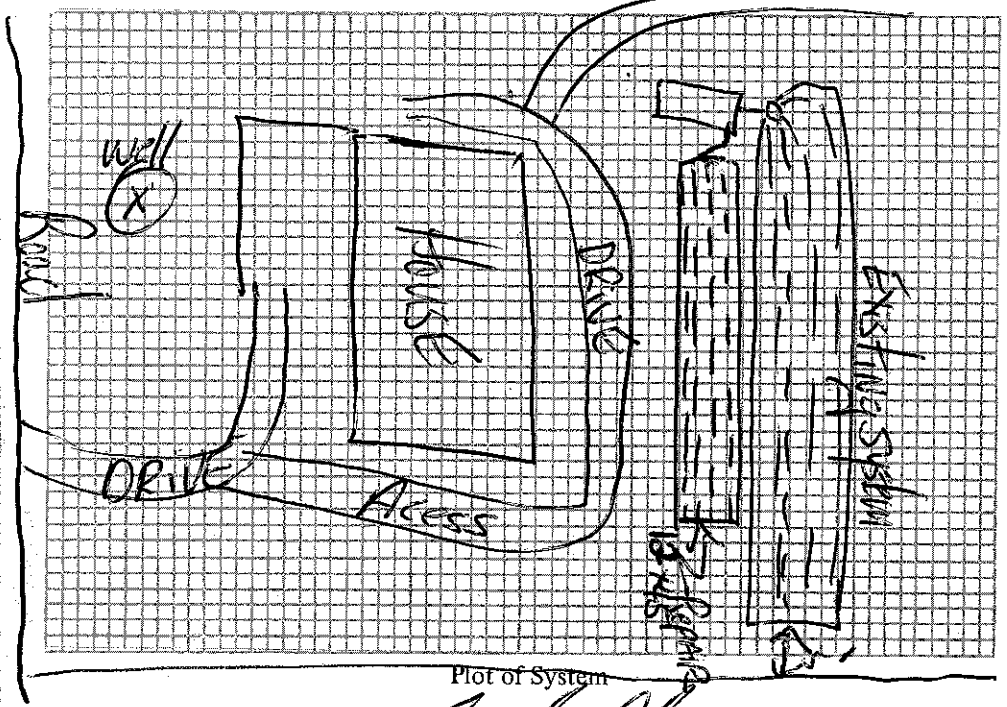
X Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1250 gal

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 340 Linear Ft. 150
Depth of Stone in Lines 16"

Water Supply: Individual (X)
Public ( )



Plot of System

Installed by Sigmon Septic Tank

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmons

COMMENTS: Owner ~~Rejected~~ OKAyed Reduction in Amount of line

CERTIFICATE OF COMPLETION BY Fred Clemmons DATE 4-7-82

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold