IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 1652-0021 PIN # 4638962655 DATE 2-3-2011

OWNER or APPLICANT Stephanie & Steven Wetzel PHONE: ~~Business~~ Cell 704 451-6470 Home: 704 799-1660

OWNER or APPLICANT ADDRESS 183 Sagemore Rd Mooresville NC 28117

LOCATION / DIRECTIONS Hwy 150 W TR Perth Rd TR Sagemore Rd house on left at Harbor Landing Rd

SUBDIVISION Harbor Landing BLOCK / SECTION ____ LOT # 20 LOT AREA 24,858sf DESIGN FLOW 360gpd L.T.A.R. .25 x 3

Septic Tank 1000 Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 6 Linear Feet 360'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A ☒ GRAVITY ☐ PRESSURE

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

System Description: Existing Gravity - 25% Reduction

Repair System Description: Pump-UP-Panel Blk

Maintenance Agreement Required ☐ YES ☒ NO

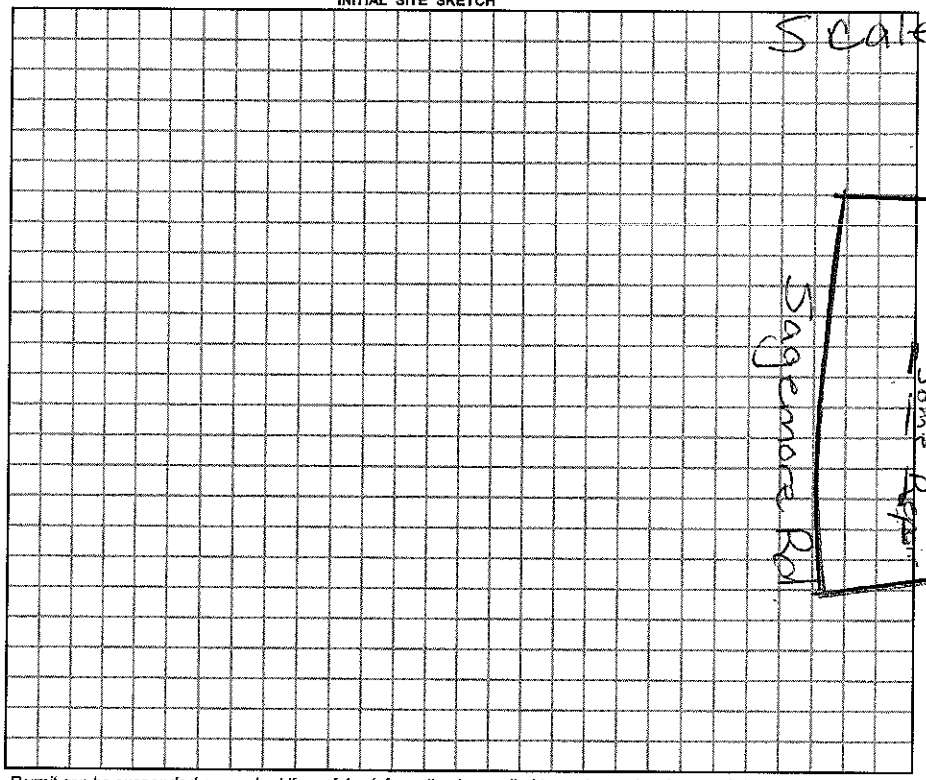
☒ Residence No. Bedrooms 3 ☐ Business No. Persons ____ ☐ Other No. Employees ____ ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☒ Community

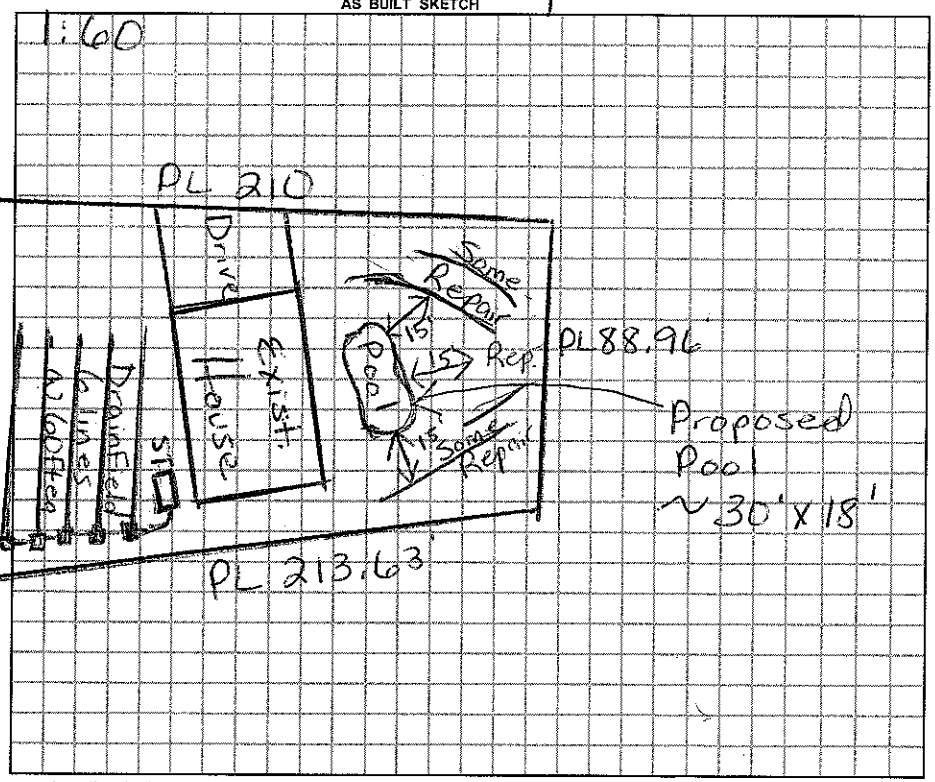
Comments / Conditions: Existing Septic System appears to be functioning okay at time of inspection

Comments / Conditions: Proposed inground pool will not impact existing septic system. Must keep pool 10ft. Min. from areas identified as "Repair" areas.

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: Rene Lewis Date 2-3-11

Improvement Permit by: ____ Date ____

Authorization to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: Mark Hall & Ryan Ellis Date: 2/3/2011

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