IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140479 PIN# 4638964109 DATE 3-23-07

OWNER OR APPLICANT Mark Kenney PHONE: Business 506-9307 Cell Home 658-8589

ADDRESS 146 Clusters Circle Mooresville NC 28117

LOCATION 162 Sagemore Perth Rd N TR Sagemore on right around bend in road

SUBDIVISION Oak T BLOCK / SECTION 14 LOT 17 LOT AREA .768Acre SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. exist

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

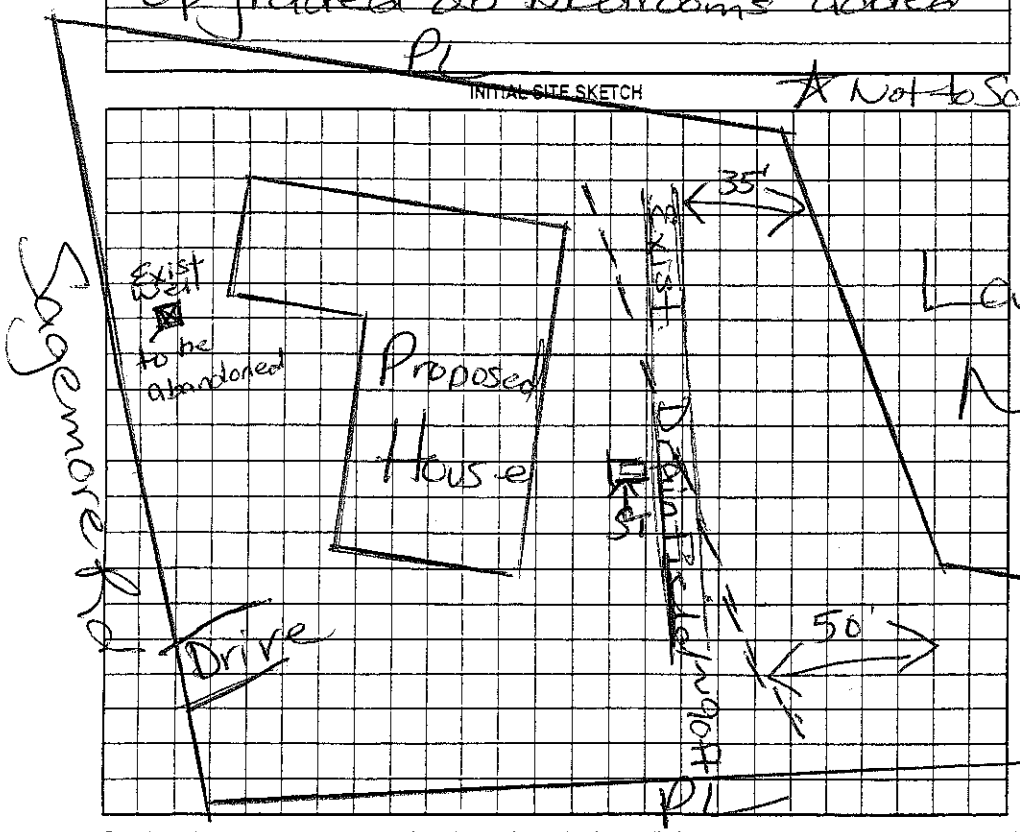
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: Existing System can not be Upgraded as bedrooms added

Comments/Conditions: Existing System "appears" to be functioning okay at time of inspection Must keep New house at least 5ft from existing Septic System No CH within 15ft.

INITIAL SITE SKETCH ★ Not to Scale 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: Mark Kenney date 3/26/07 Installed by: _____

Improvement Permit by: Maria H. Tolson RS date 3/23/07 Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Tolson RS date 3/23/07 Existing System Inspection by: Maria H. Tolson date 3/23/07

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133375 PIN# 4638964109 DATE 7-11-06

OWNER OR APPLICANT Michael Todd PHONE: Business (704) 608-6287 Home 528-1186

ADDRESS 349 E Mondo Rd Statesville, NC 28677

LOCATION Hwy 150W TR Perth TR Sagemore on right

SUBDIVISION CL&T BLOCK / SECTION 14 LOT 17 LOT AREA .768 Acre SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. ____

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____

No Lines ____ Trench Width Existing Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI (II circled)

System Description: Existing Gravity-Conventional

Repair System Description: Lot Recorded prior to 1983

Maintenance Agreement Required: ☐ Yes ☐ No

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

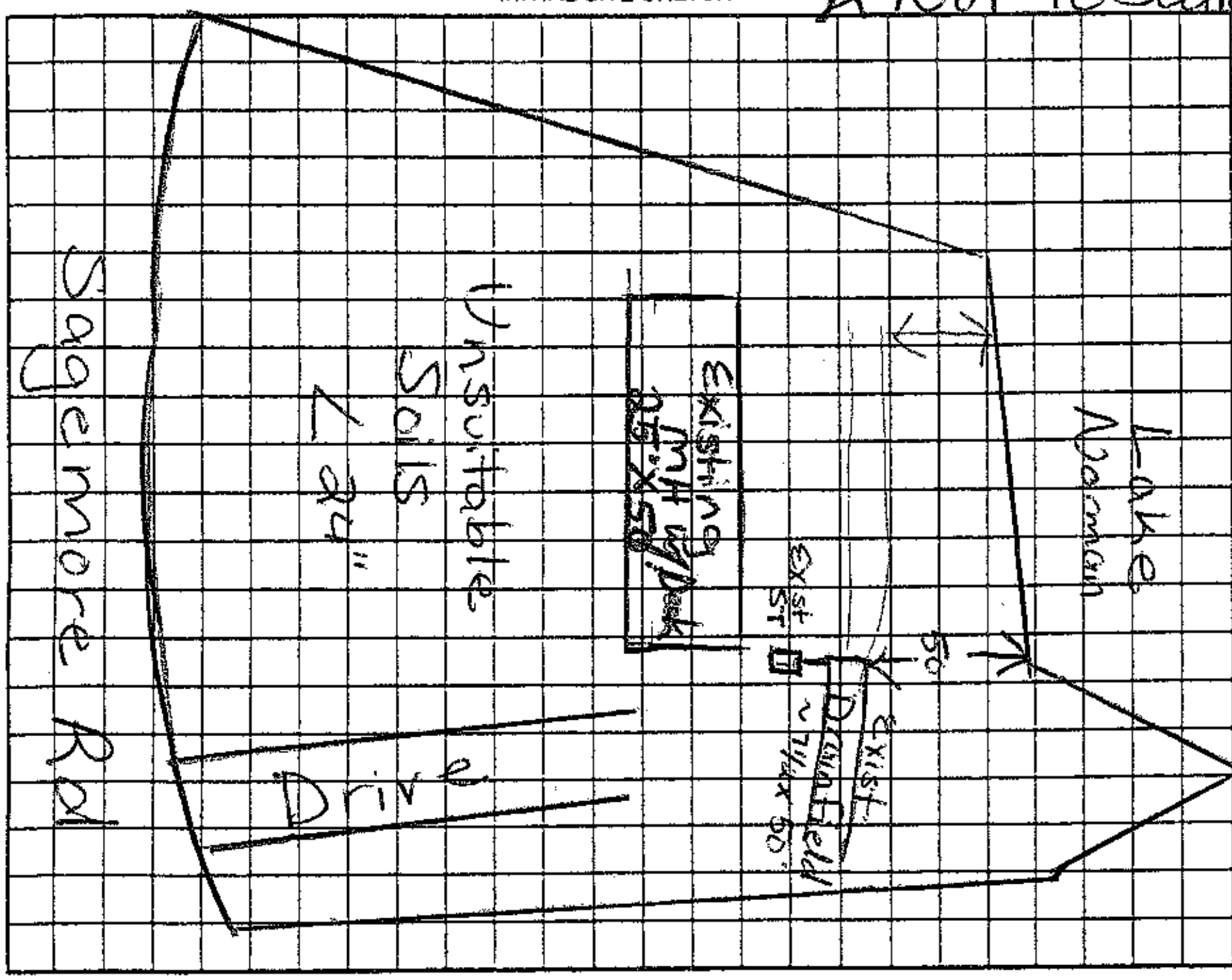
No. Bedrooms 2 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community — Well lot across Street

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

Comments:/Conditions: Must keep New Structure at 5ft from Existing Septic System. Septic System approved for 2 Bedroom Residence Only.

INITIAL SITE SKETCH ★Not to Scale



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: [signature] date 7/31/06

Improvement Permit by: Maria H H Dotson RS date 7/11/06

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Maria H H Dotson RS date 7/11/06

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