IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 165715 PIN # 4639225542 ✓ DATE 4-8-2011

OWNER or APPLICANT Kaaryn Brackett PHONE: Business 757 593 2554 Home: 704 758-5696

OWNER or APPLICANT ADDRESS 114 Wolf Hill Dr. Mooresville, NC

LOCATION / DIRECTIONS Perth Rd N TL Fern Hill Rd TR Wolf Hill on Rt

SUBDIVISION Beacon Pt BLOCK / SECTION 4 LOT # 15 LOT AREA 1.192 DESIGN FLOW 480 L.T.A.R. .3

EXIST

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 270'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Exist. Gravity - Paned Block

Repair System Description: Pump Up Paned Block

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

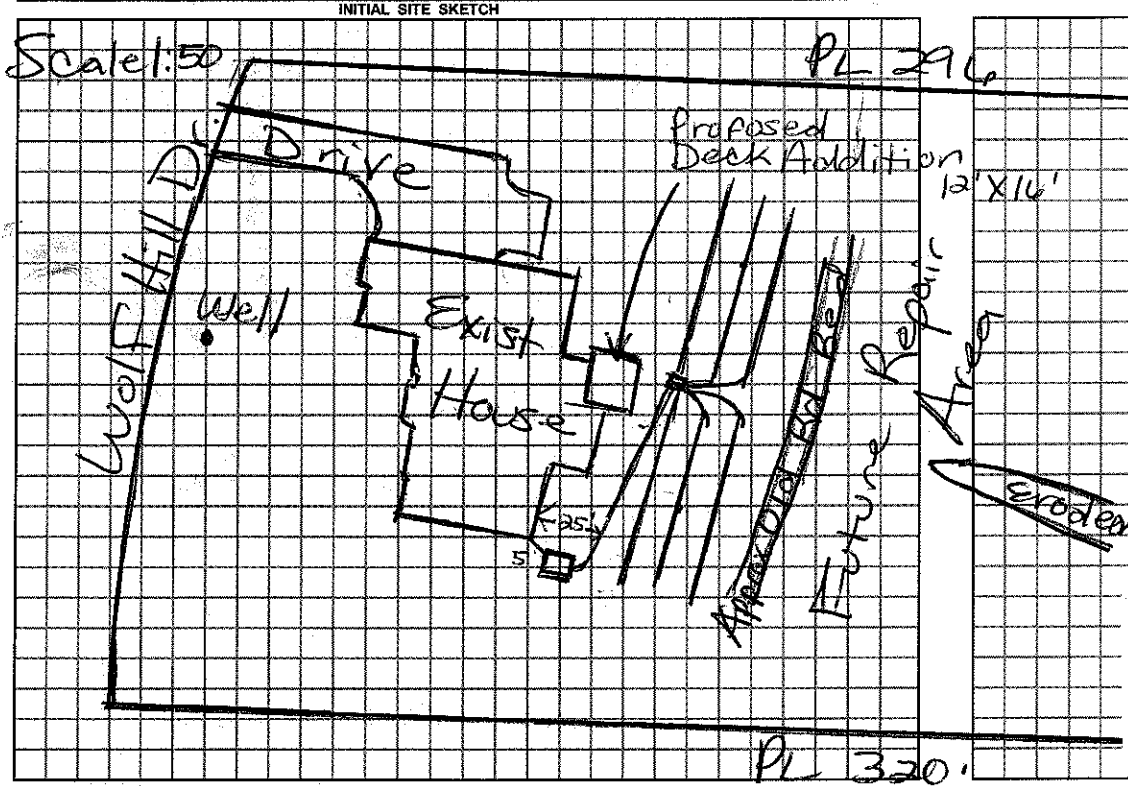
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

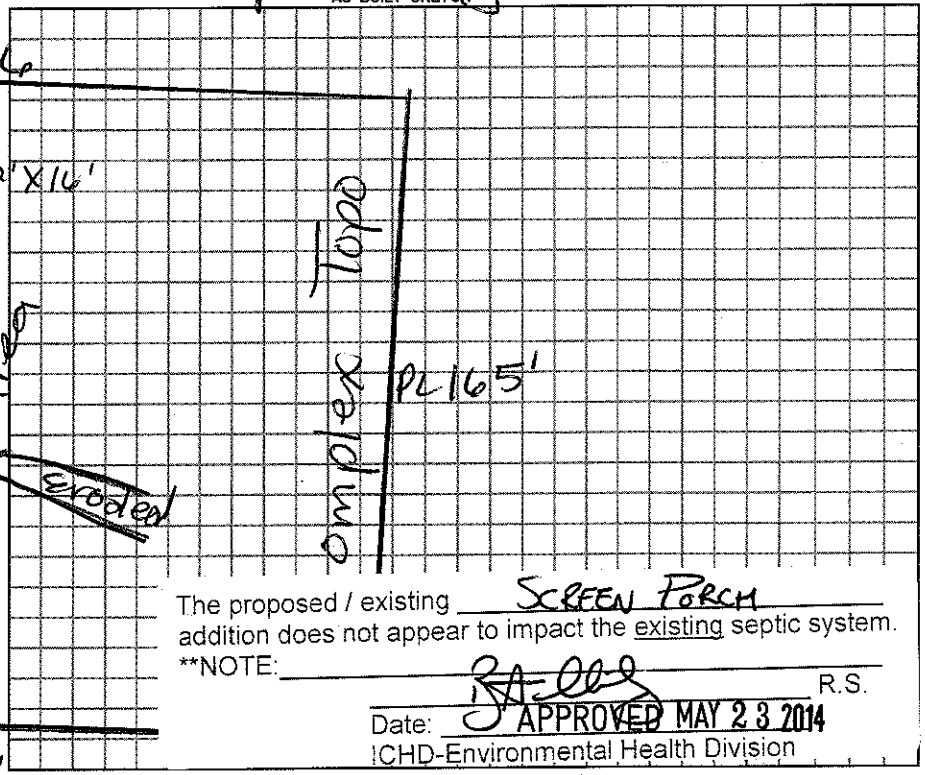
Comments / Conditions

Comments / Conditions Existing Septic System Appears to be functioning okay at time of inspection. Must keep any Buildings at least 5FT from Septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing SCREEN PORCH addition does not appear to impact the existing septic system.

**NOTE: ____ R.S.

Date: APPROVED MAY 23 2014

CHD-Environmental Health Division

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: Kaaryn J. Brackett Date 4/8/11

Improvement Permit by: ____ Date ____

Authorization to Construct by: ____ Date ____

Installed by: Rowan Septic 11/3/06

Operation Permit by: ____ Date: ____

Existing System Inspected by: [signature] Date: 4/8/2011

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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