IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126698 PIN# 4639464207.1039 4639-46-3488 DATE 4-26-06

OWNER OR APPLICANT Koehler Bldg. PHONE: Business 201-7143 Home 704 664-6131

ADDRESS 431 Robinson Rd Mooresville, NC

LOCATION Perth Rd North TL Fero Hill TR Tennessee lot on left

SUBDIVISION Northwood BLOCK / SECTION 5 LOT 39 LOT AREA 1.48 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 5-28-06

Pump Tank: 1000 Gallons; PT 27 Date 4-12-06

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump-PM - 25% Reduction

Repair System Description: Pump-Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Scale 1:50

Pressure Manifold

PL 327

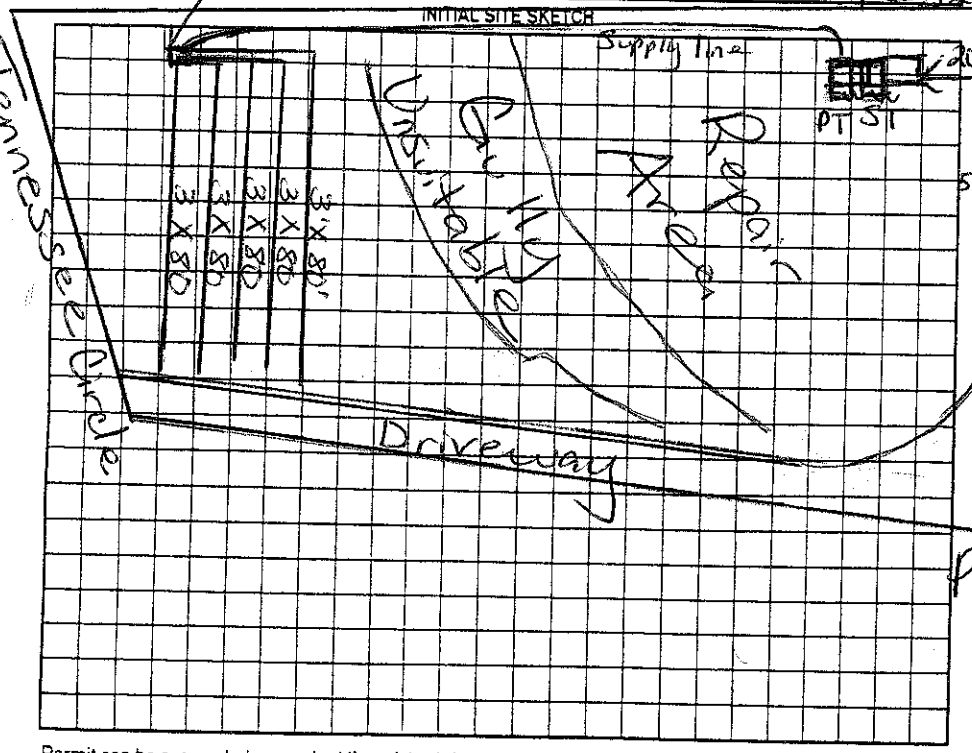
Comments:/Conditions: Installed EZ Flow 7/11/06

Note: SAP present in bottom of trench

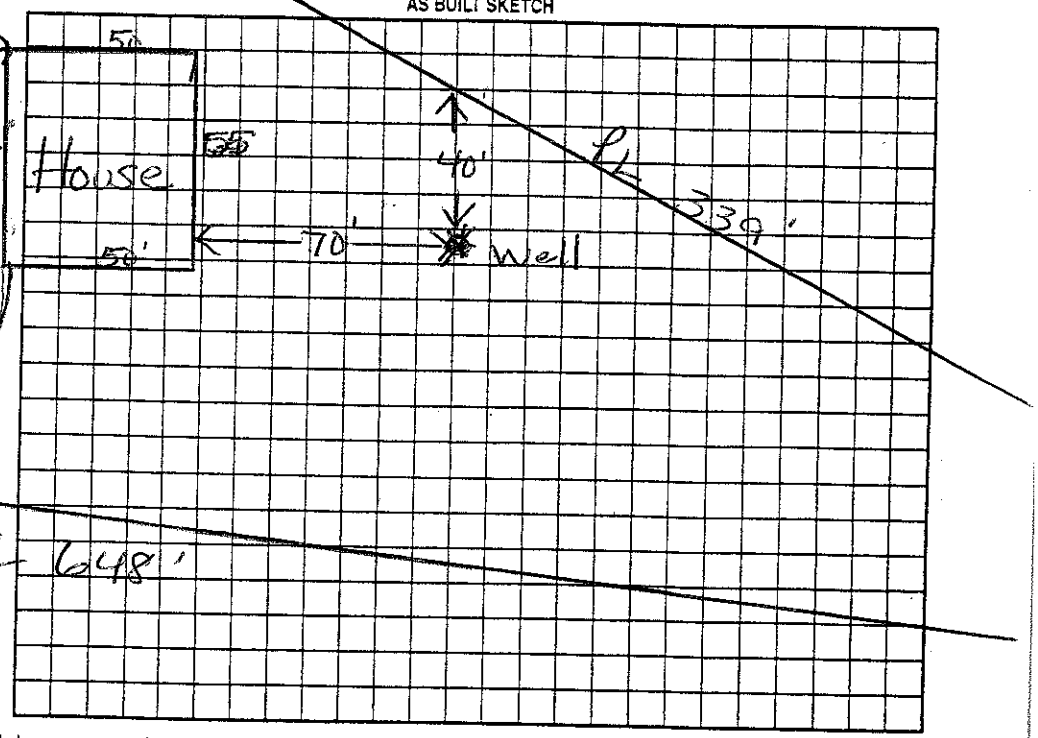
Tanks set perpendicular to Hse. 7/11/06

Dre

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: _____ date 5/10/06 Installed by: R & H

Improvement Permit by: Maria H. Dotson RS date 4/26/06 Operation Permit by: Maria H. Dotson RS date 7/25/06

Authorization to Construct by: Maria H. Dotson RS date 4/26/06 Existing System Inspection by: _____ date _____

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