Quiet Waters Christian Fellowship

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 BT

PERMIT # 217684

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

PIN # 4639471229

APPLICANT: Kearey Builders APPLICANT ADDRESS: P.O. Box 5159 Statesville NC 28687

SITE ADDRESS: 125 Quiet Waters Dr Mooresville, NC PHONE: 7044024344 ALT. PHONE: 7048889811

SITE DIRECTIONS: Hwy 150 W. TR Perth Rd. TL Fern Hill TR Tennessee Circle at fork on right

SUBDIVISION: Northwood SECTION: LOT # 1, 2, 3 LOT AREA: 1.88 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

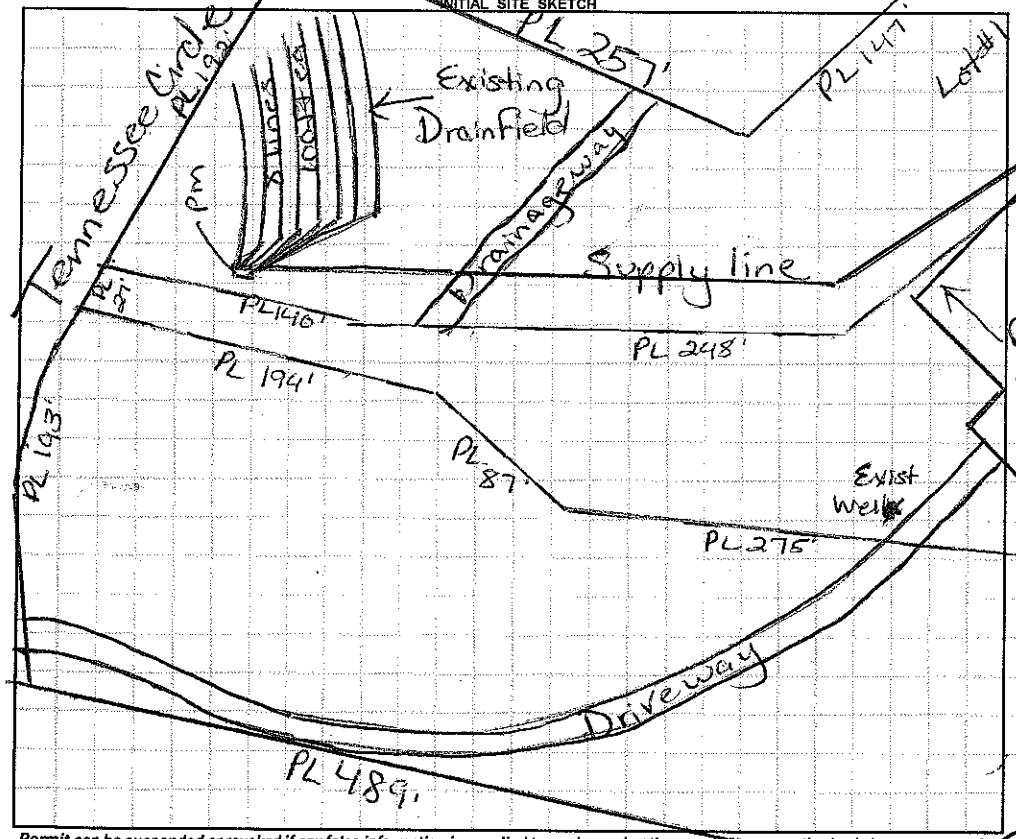
Existing / Existing

Septic Tank	2000 (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	8 4	Water Supply
Pump Tank	2000 (gal)	PT		Date		System Description: Exist. PM - 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description: PM - Innovative - Offsite		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	8	Linear Ft:	800'	Maintenance Agreement Required:	☐ YES ☒ NO Lot # 1	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE Tenn.	☒ Basement w/plumbing		☐ Basement w/o plumbing	

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

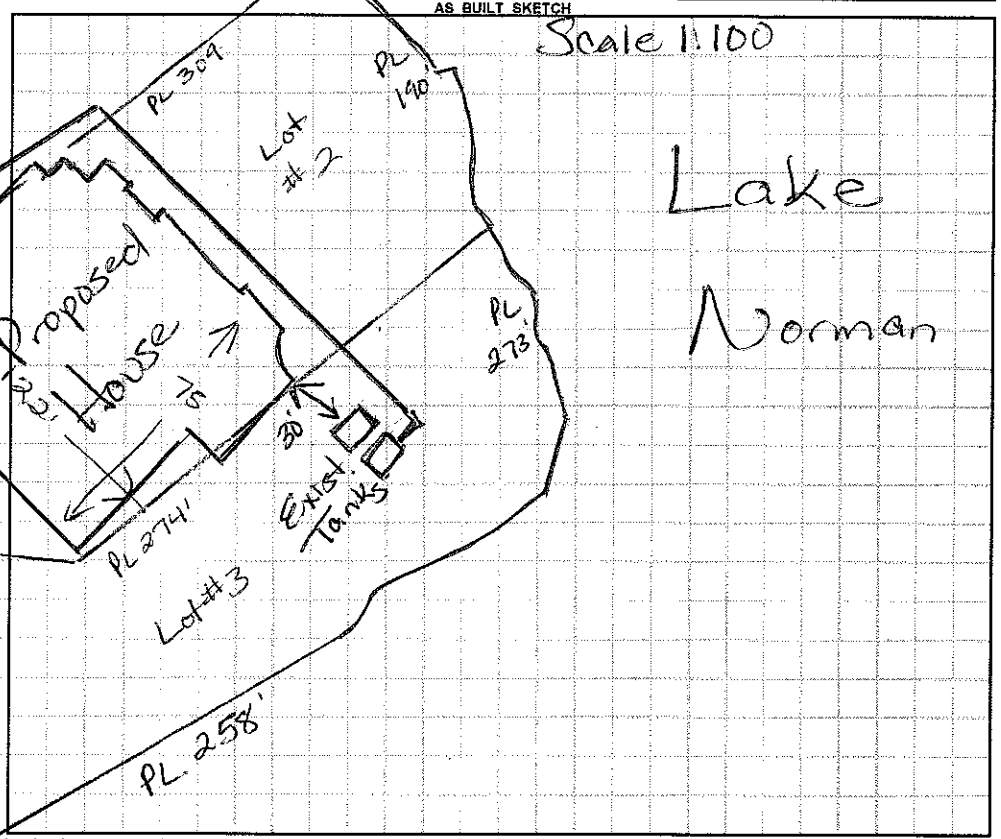
Note: Lot originally permitted for 8 Bedrooms

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:100



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date: 5-2-16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Marian Dotson RS Date: 5/3/16

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK