IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138382 PIN# 4634714876 Tammy DATE 10-4-06

OWNER OR APPLICANT Broermann Homes, Inc / Ralph Passaro PHONE: Business 704 340-7787 Home

ADDRESS 119 Kiskadee Dr. Mooresville, NC 28117

LOCATION Perth Rd N. TL Liva Ln TR Bay Crossing Tr Tea Olive Ln on left #127

SUBDIVISION Bay Crossing BLOCK / SECTION ____ LOT 70 LOT AREA .74 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

EXIST.

Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 1/4 ☒ Gravity ☐ Pressure

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

System Description: Gravity - 25% Reduction

Repair System Description: LPP-Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

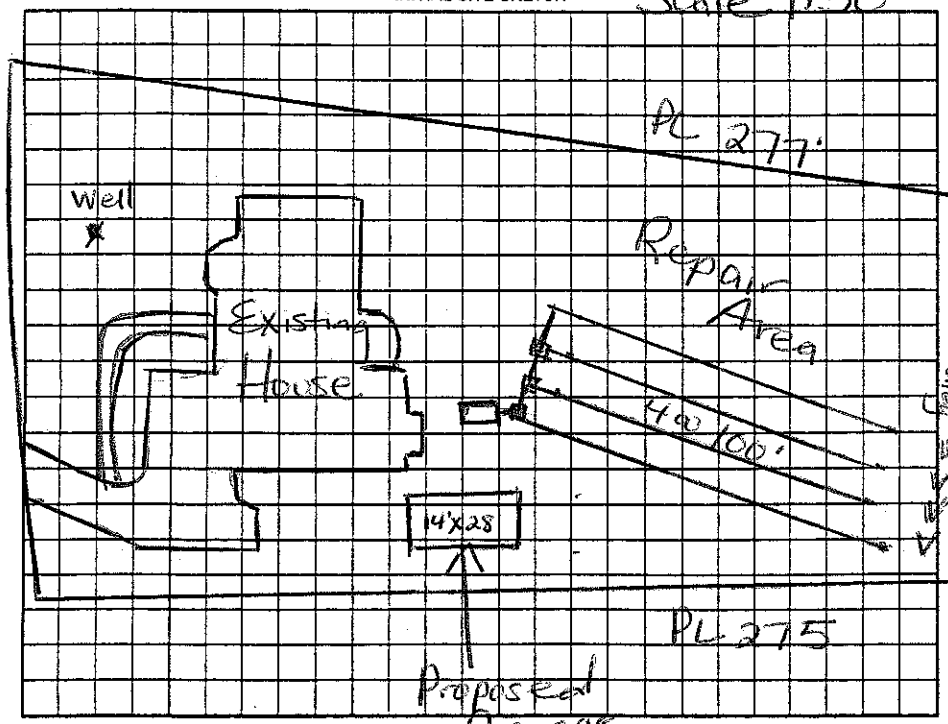
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Existing System appears to be functioning Okay at time of inspection.

Comments:/Conditions: Note: Keep Garage at least 5ft off Septic System.

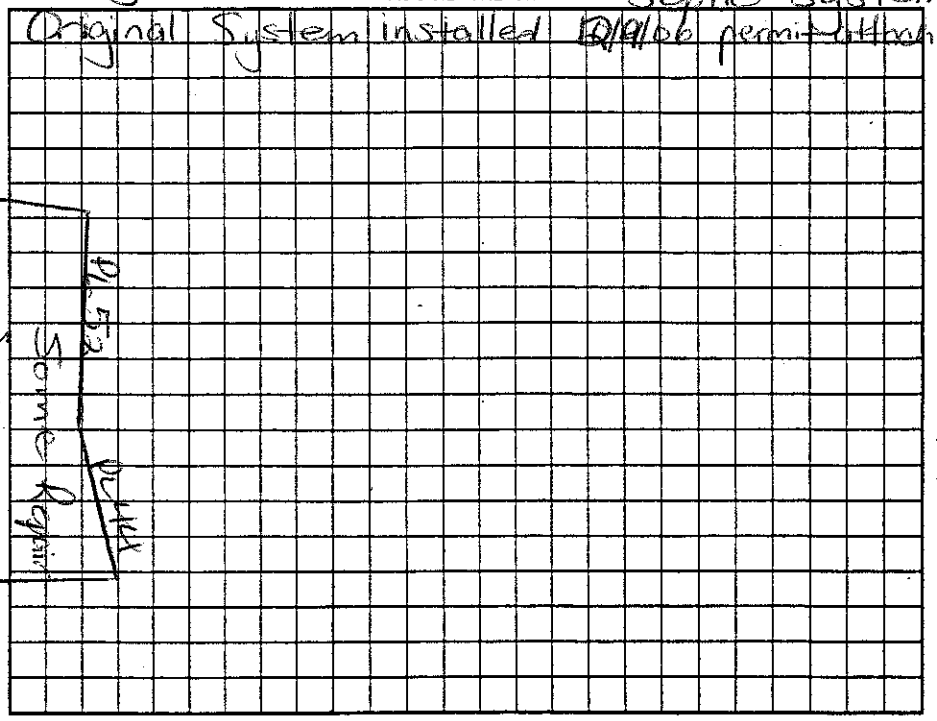
~~N/A~~ Any pool must be at least 15ft off

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH Septic System.

Original System installed 10/9/06 permit attached.



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: Tammy Broermann date 10-9-06 Installed by: ____

Improvement Permit by: Maria H. Tolson RS date 10/4/06 Operation Permit by: ____ date ____

Authorization to Construct by: Maria H. Tolson RS date 10/4/06 Existing System Inspection by: Maria H. Tolson RS date 10/4/06

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