IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 157657 PIN # 4645357694 DATE 7-30-2009

OWNER or APPLICANT Muse Builders/Ashwin Nagarwadia PHONE: Business Lance 704363-5859 Home: 704 281-7989

OWNER or APPLICANT ADDRESS 215 Harwell Rd. Mooresville, NC 28117

LOCATION / DIRECTIONS Williamson Rd TL Alcove Rd TR Templeton Rd TL Harwell Rd last house on left at Queens Cove.

SUBDIVISION Queens Cove BLOCK / SECTION LOT # 3 LOT AREA 3.05Ac DESIGN FLOW 480 L.T.A.R. .25

Septic Tank Exist Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Exist. Nitrification Field No Fields 1 No Lines 5 Linear Feet 600

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Exist. Gravity - Conventional

Repair System Description: Pumped - Convent/Modified

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

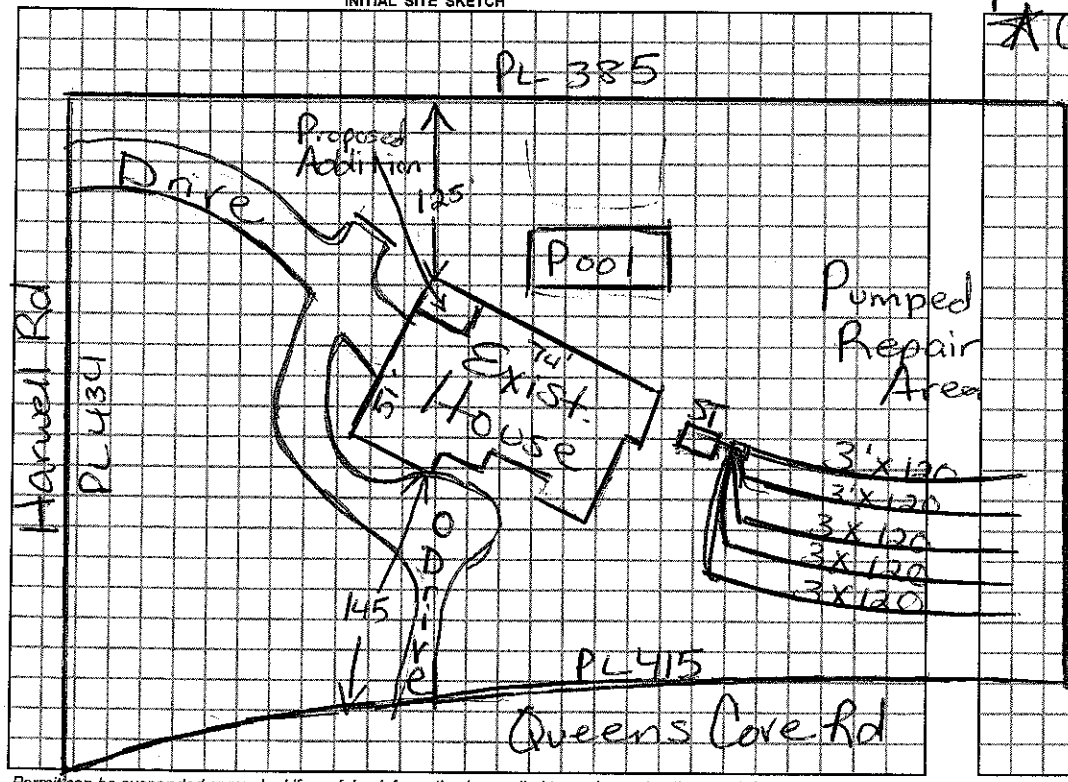
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing Septic System appears to be functioning okay at time of inspection, no problem noticed.

Comments / Conditions: Note: Existing lower level bathroom will be retrofitted so it can't be easily accessed from office. (see attached floor plan). Therefore per state definition only 4 Bedrooms total

* Call Health Dept. When Bathroom retrofit is done!

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 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: Lance R Muse Date 7/30/09

Improvement Permit by: [signature] Date 7/30/09

Authorization to Construct by: [signature] Date 7/30/09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: [signature] Date: 7/30/2009

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