280.00 Paid Upgrade

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107195 PIN# 4645397375 DATE 7-10-2002

OWNER OR CONTRACTOR Karin & Robert Robertie PHONE: Business _____ Home (704) 799-2907

ADDRESS 172 Quail Ridge Dr. Mooresville, NC 28117

LOCATION Alcove Rd TR Templeton TR Quail Ridge (across From Queen's Cove) 2nd house on right

SUBDIVISION Quail Ridge BLOCK / SECTION _____ LOT 3 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300' Linear Feet 100'

Add No Lines 2 @ 50'ea Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Add on Gravity 25% Reduction

Repair System Description: Lot platted prior to 1982

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

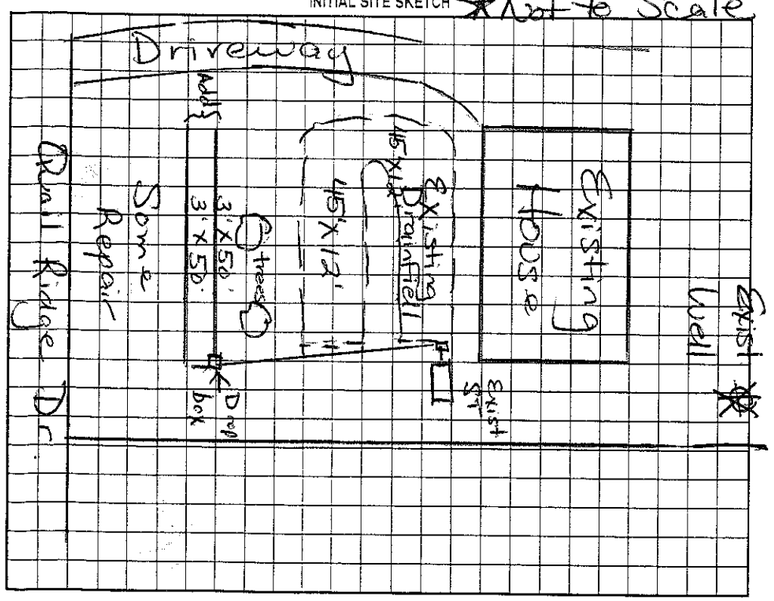
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

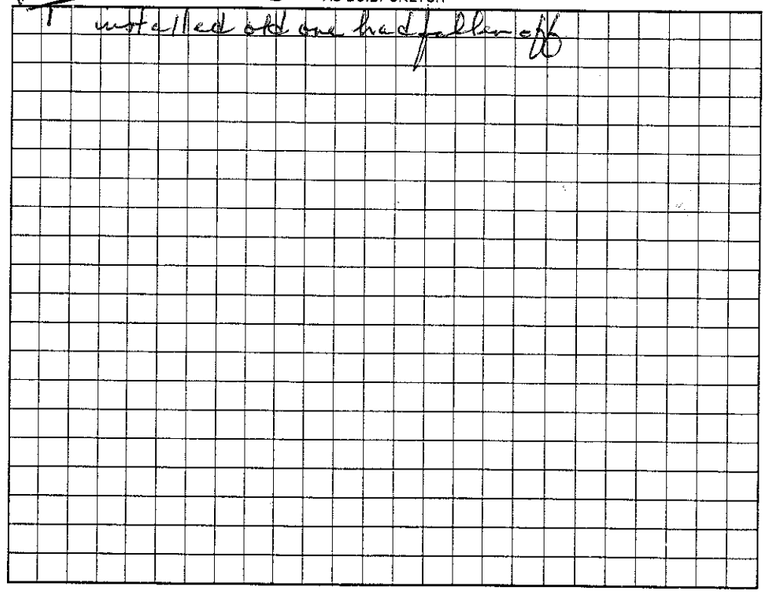
Comments:/Conditions: Install New Drainlines below big trees Install lines on Contour.

Comments:/Conditions: Upgrading From 3 Bedrooms to 4 Bedrooms. Add 2- Drainlines 3'x50' @ (25% Reduction System originally installed 1984 under Matthew Swan.

INITIAL SITE SKETCH ~~Not to Scale~~



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: ~~Robert Robertie~~ date 2-12-02 Installed by: Dennis Wellis Septic Svcs.

Improvement Permit by: Maria H. Dalton RS date 7/11/2002 Operation Permit by: Wesley Sparks RS date 7/30/02

Authorization to Construct by: Maria H. Dalton RS date 7/11/2002 Existing System Inspection by: _____ date _____

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