IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 27734 PIN# 4648-23-0481 4648230621 Amy DATE 6-6-05

OWNER OR CONTRACTOR Baron & Amy Hagg PHONE: Business 807-7866 Home 799-9354

ADDRESS 135 Kendra Dr. Mooresville, NC 28117

LOCATION Bluefield Rd TL Big Indian Loop on ~~left~~ right before Churchill Ln.

SUBDIVISION Indian Forest BLOCK / SECTION ____ LOT 12 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 799 Date 12-9-05
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 N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity -25% Reduction
Repair System Description: Pump/Grav. Panel Bld. Accepted System
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

[X] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

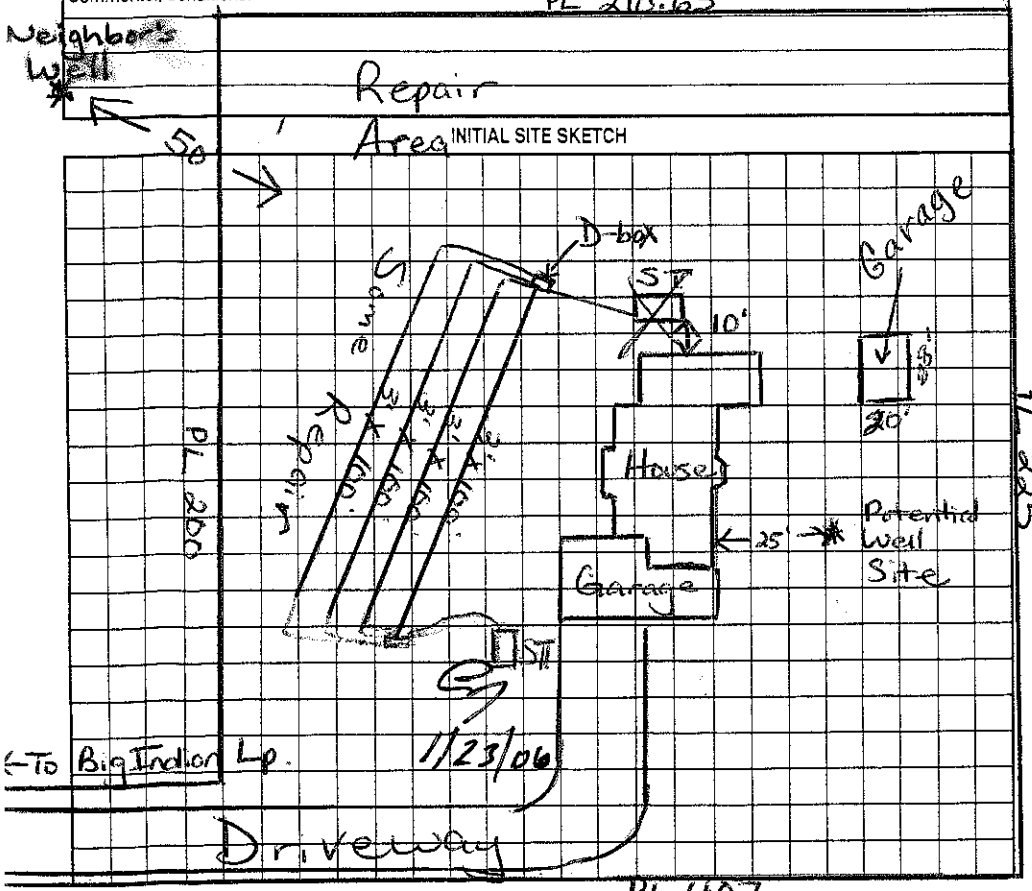
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: PL 210.63

Neighbor's Well

Repair Area

INITIAL SITE SKETCH



Comments:/Conditions: QUICK 4 used
Checked tank & lines 1/13/06 MD

AS BUILT SKETCH

The location of the proposed Garage addition does not appear to impact the existing septic system.
**NOTE: Must be at least 25' from well
Judy Mulvill REHS
Date: 10-28-10
ICHD-Environmental Health Division

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: Amy Hagg date 6-9-05 Installed by: Larry Beam

Improvement Permit by: Maria H H Dolson RS date 6/6/05 Operation Permit by: Maria H H Dolson date 1/23/06

Authorization to Construct by: Maria H H Dolson RS date 6/6/05 Existing System Inspection by: ____ date ____

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