IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 172953 PIN# 4649596197 DATE

OWNER OR CONTRACTOR Krista Cousar PHONE: Business Home

ADDRESS 204 Jasmine Circle Trotman, NC

LOCATION Hwy 21/115 N TL Flowerhouse TL Carlyle Rd on left @ Justin Ln

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. PS DESIGN FLOW 360gpd 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 Linear Feet 300

No Lines Trench Width 36" Max Trench Bottom Depth Gravel Depth N/A

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

System Description: Gravity - 25% Reduct

Repair System Description:

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

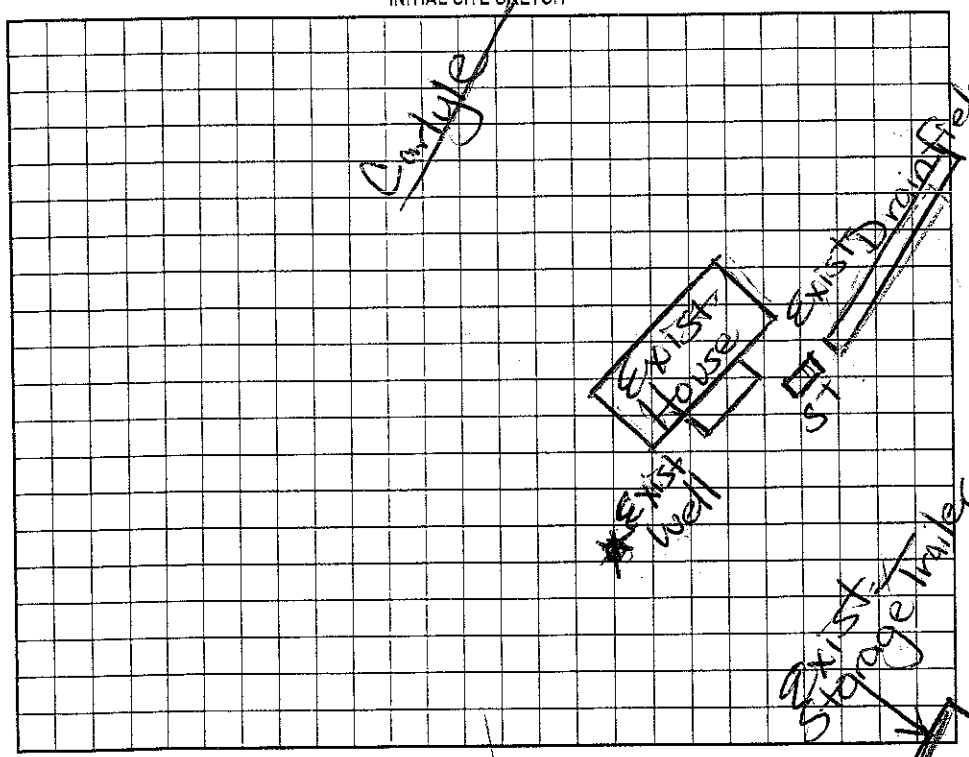
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Shared ☐ Public ☐ Community

Comments:/Conditions:

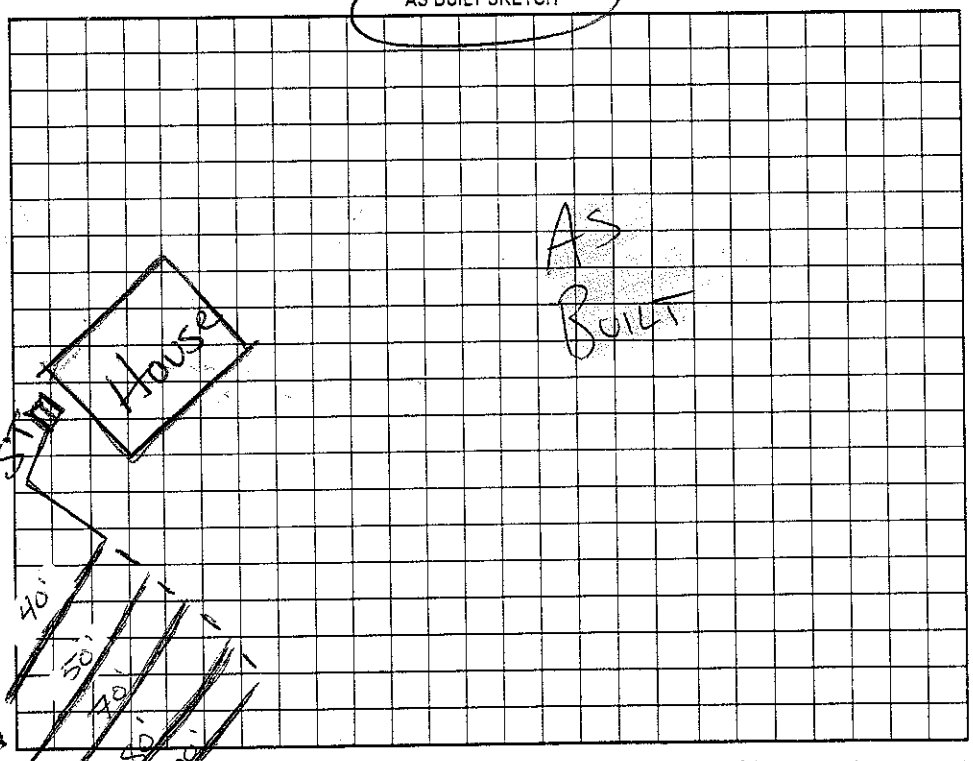
Justin Ln

INITIAL SITE SKETCH



Comments:/Conditions:

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: date

Improvement Permit by: date

Authorization to Construct by: date

Installed by: Kowan Septic Tank

Operation Permit by: BA Clegg date 10-14-13

Existing System Inspection by: date

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

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

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

PERMIT # 172953 PIN # 4649596197 DATE 8-30-12

OWNER or APPLICANT Rebattie Freeman/Krista Cousar PHONE: Business 704437-1053 Home: 704 658 8210

OWNER or APPLICANT ADDRESS 204 Jasmine Circle Troutman, NC. 28166

LOCATION / DIRECTIONS Hwy 21/115 N. TL Flowerhouse Lp TL Carlyle Rd follow thru 2 curves on left a Justin Ln

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA Acreag DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 825 Date 8-9-13

Pump Tank _____ Gallons: PT _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300'

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Grav/Pump 25-50% Reduction

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private Share Existing ☐ Public ☐ Community

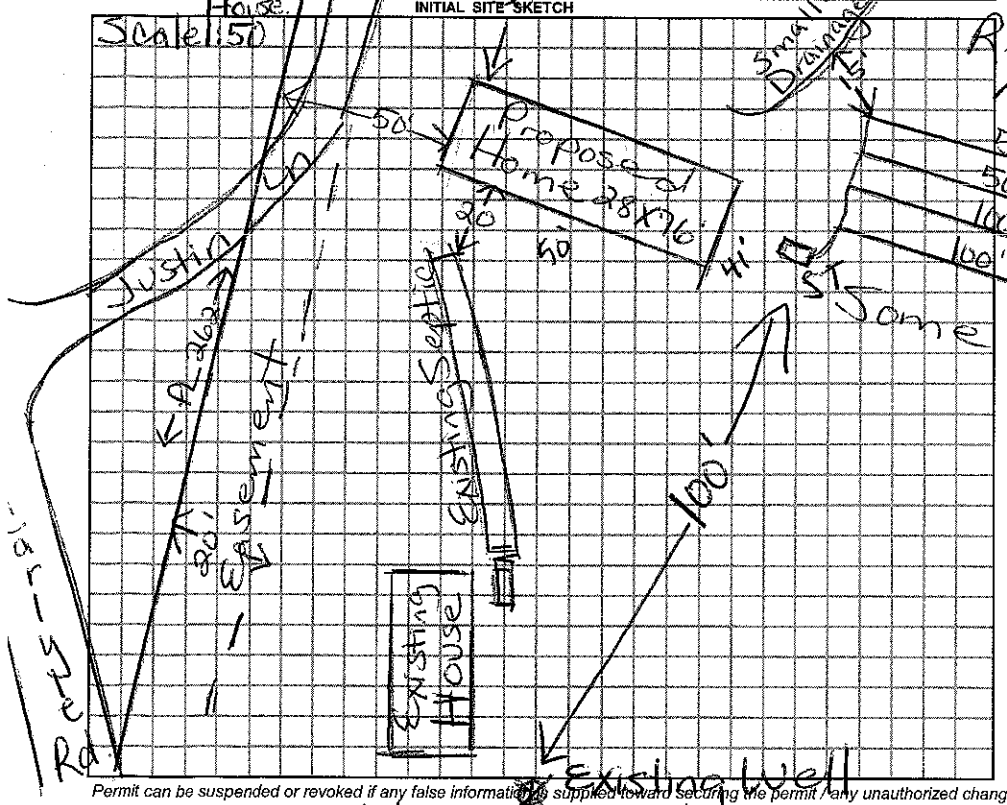
Comments / Conditions

Per Zoning Must be 50ft from PL & 100ft from exist. House.

Comments / Conditions Must keep New Septic System 100Ft from "Shared" well & 15Ft from cut >25Ft

No vehicular traffic over Septic Areas

INITIAL SITE SKETCH



AS BUILT SKETCH

House may not come any closer to Carlyle than shown

See attached "As Built" drawing

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: Krista Cousar Date 9-6-12

Improvement Permit by: Marvin H. Coleman RS Date 8/30/12

Authorization to Construct by: Marvin H. Coleman RS Date 8/30/12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Rowan Septic Tank

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____ Date: _____

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