IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☒ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # _____ PIN # 4654 87 1201 DATE June 5, 2012

OWNER Jon Schlosser APPLICANT: same PHONE: Home/Cell # 704-987-3423 Business # _____

SITE ADDRESS 138 Canterbury Place Rd Mooresville OWNER / APPLICANT ADDRESS same

SITE DIRECTIONS 115 S TL Presbyterian TR Buckingham Lp TR Canterbury

SUBDIVISION Davidson Downes BLOCK / SECTION _____ LOT # 104 LOT AREA .453 Ac. DESIGN FLOW 360gpd L.T.A.R. .3gpd/ft²

Septic Tank Existing Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

No. Nitrification Fields: Exist No. Lines _____ Linear Feet _____

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing 25% Reduction

Repair System Description: LPPPBPS

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

☐ Public

☒ Community

Comments / Conditions

INITIAL SITE SKETCH

AS BUILT SKETCH

See Plan from
Michael Athanas
& Associates
Approved by ICHD

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 ~~plat valid without expiration.~~ site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT–not to exceed 60 mo.

Owner / Applicant Signature: _____ Date 6-6-12 Installed by: _____

IMPROVEMENT PERMIT by: _____ ***REHS*** Date _____

AUTHORIZATION TO CONSTRUCT by: _____ ***REHS*** Date _____

OPERATION PERMIT by: _____ ***REHS*** Date _____

Existing System Inspected by: Judy Melville ***REHS*** Date 6-5-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 128741 PIN# 4654 87 1201.000 DATE 6/2/05

OWNER OR CONTRACTOR Legacy Constructors PHONE: Business 704-483-4864 Home

ADDRESS 4643 Mallard Ln. Denver, NC 28037

LOCATION 1155 TL Presbyterian Rd. TR Sink Farm TL Burlington TL Canterbury Place, 3 RDS on (L)

SUBDIVISION Davidson Downs BLOCK / SECTION LOT 104 LOT AREA .48AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 994 Date 1/9/06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 X Linear Feet 300
No Lines 4@75' Trench Width 3 Max Trench Bottom Depth 3 Gravel Depth NO

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Reduced
Repair System Description: Pressure-25% Reduced
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

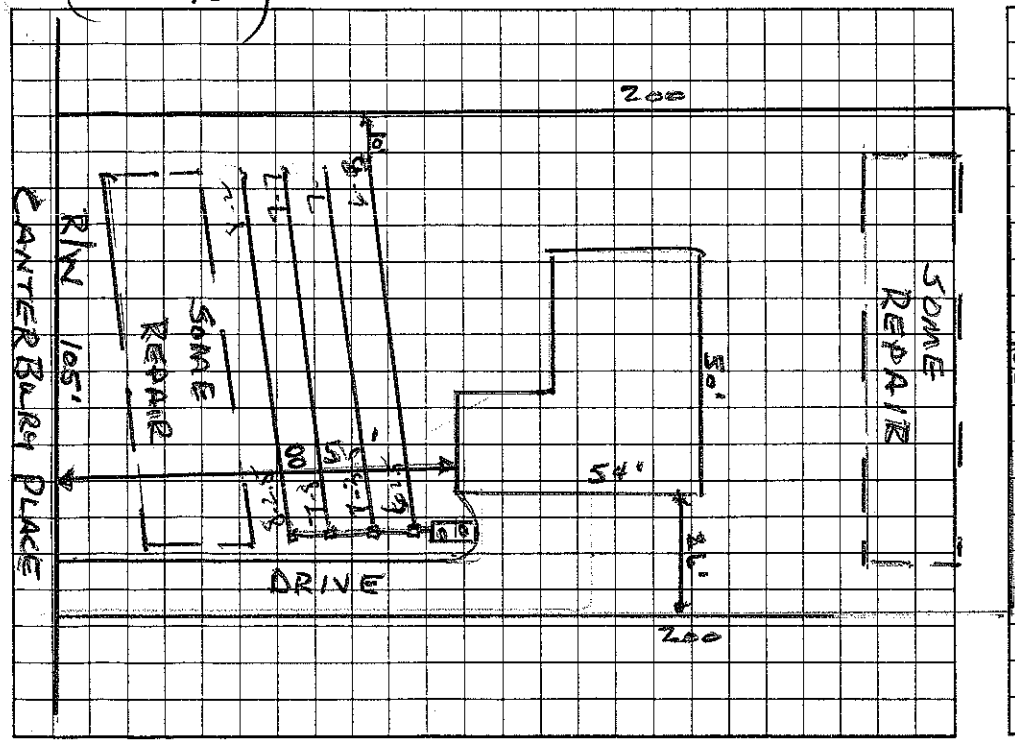
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: "Accepted System" 25% Reduced System.

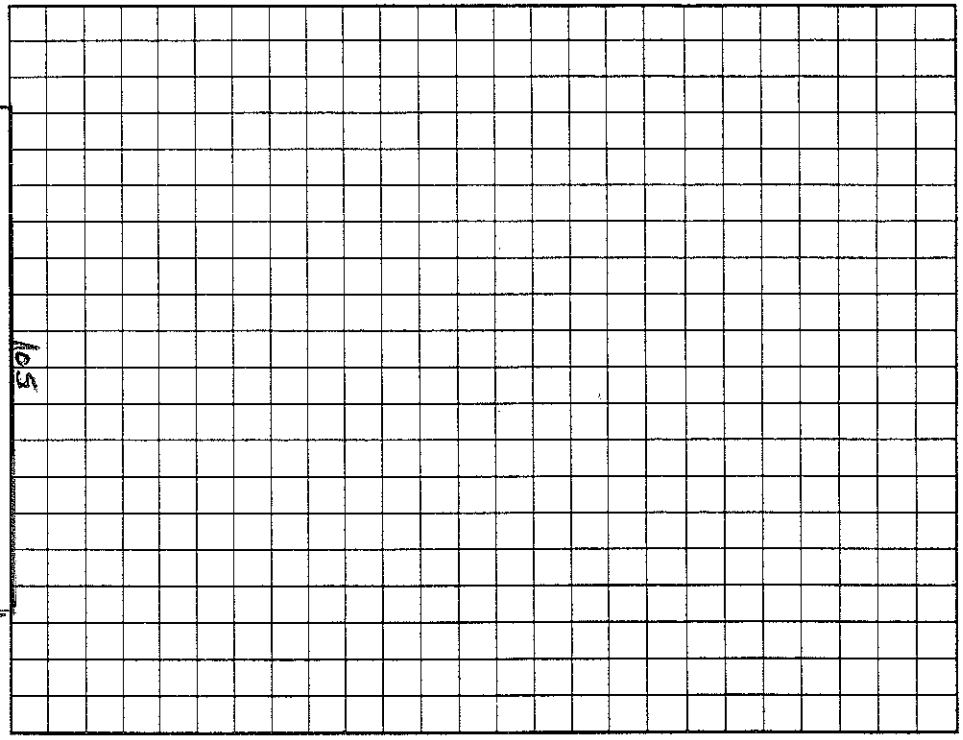
Comments:/Conditions:

1" = 40'

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 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: [signature] date 6-27-05 Installed by: Larry Henkle

Improvement Permit by: Wesley Sparks RS date 6/2/05 Operation Permit by: Wesley Sparks R.S. date 2/20/06

Authorization to Construct by: Wesley Sparks R.S. date 6/2/05 Existing System Inspection by: date

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