IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136086 PIN# 4658368172 DATE 6/23/06

OWNER OR APPLICANT Max Karriker PHONE: Business _____ Home 231-9611

ADDRESS 437 Langtree Rd Mooresville, NC

LOCATION Hwy 21 North TL Bailey Rd Property on left B4 Kelsey Ln

SUBDIVISION Green Meadow BLOCK / SECTION _____ LOT 13 LOT AREA .79 Acre SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity Conventional

Repair System Description: Pump-Innovative

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

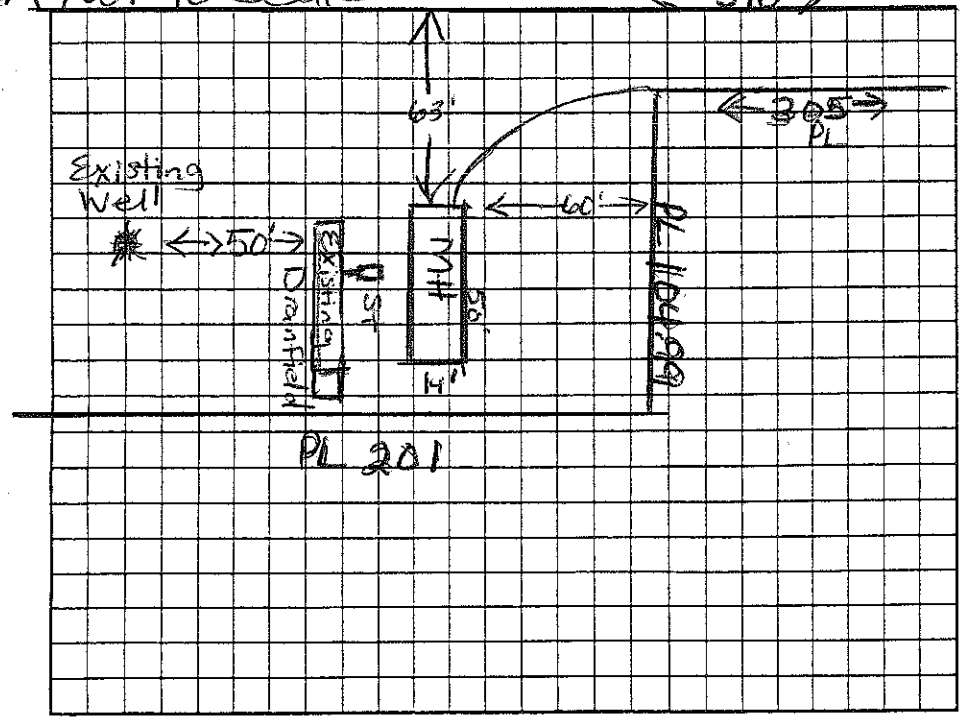
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection, NO problems Noticed.

Comments/Conditions: Note: Walked through MH to verify 2 Bedroom.

Not to Scale

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: Max Karriker date 6-26-06

Improvement Permit by: Maria H. Dotson date 6/23/06

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria H. Dotson RS date 6/23/06

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