IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150386 PIN# 4666670526 09 DATE 5-28-08

OWNER OR APPLICANT Nicholas Allen PHONE: Business 704 906-9880 ~~Home~~ wk 933-9722

ADDRESS 108 Krystal Nicole Ln Mooresville, NC 28115

LOCATION Hwy 3 (East) TR Kistler Farm Rd approx 3/4 mile TL Krystal Nicole Ln house on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA .83 Acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. Exist

Exist Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Existing Linear Feet _____

No Lines 6 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Gravity-Conventional

Repair System Description: Modified Conv/Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

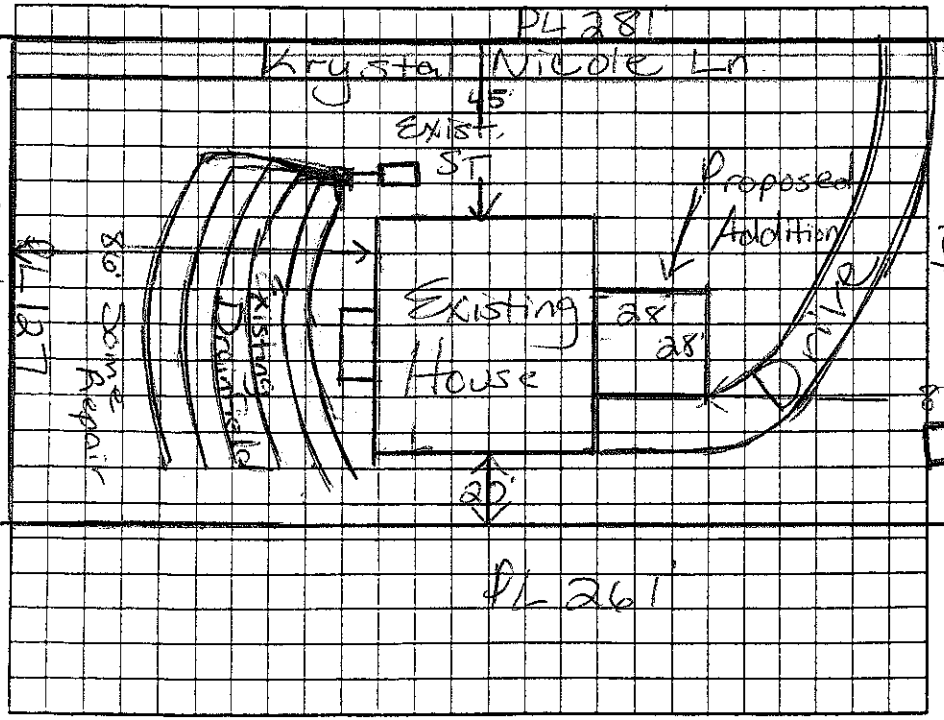
Water Supply: ☐ Individual ☒ Public ☐ Community

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

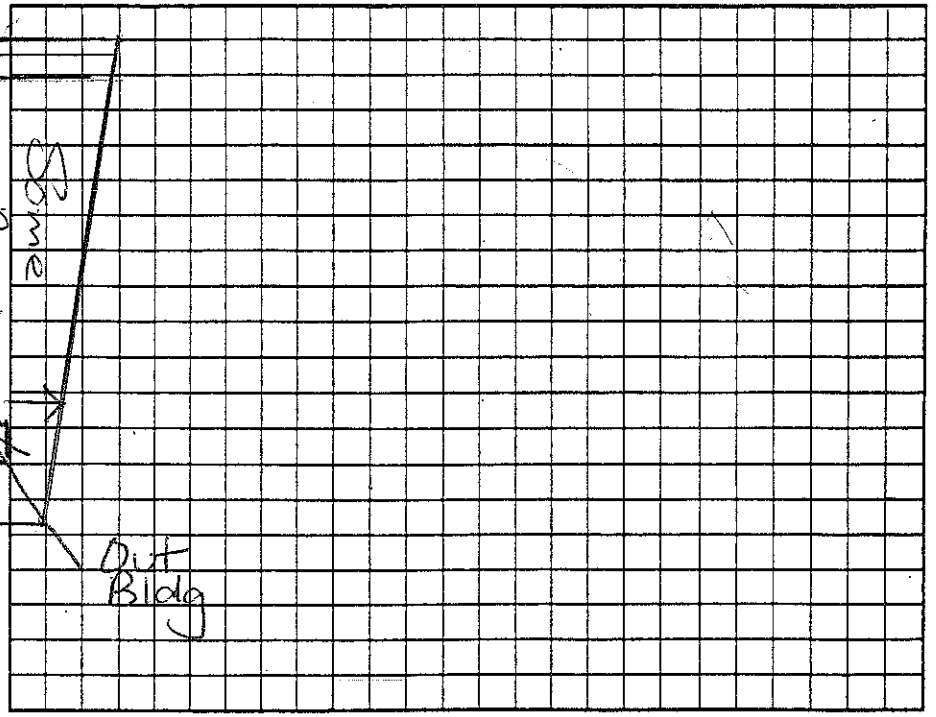
Comments:/Conditions: Existing Septic System Appears to be Functioning Okay at time of Inspection.

Comments:/Conditions: Addition to house should not impact existing Septic System. Number of Bedrooms remains the same.

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 _____ date 6-9-08 Installed by: _____

Improvement Permit by: Maria H. Dotson RS date 5/28/08 Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Dotson RS date 5/28/08 Existing System Inspection by: Maria H. Dotson RS date 5/28/08

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