ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 2023-20248 (SB) OSWP

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4667 -- 74 -- 3129

APPLICANT/OWNER: Bentley Krekson | APPLICANT ADDRESS: 152 Brawley Woods Ln Mooresville 28115

SITE ADDRESS: 1045 Briarhill Rd Mooresville NC 28115 | PHONE: 573-280-7158 | ALT. PHONE

SITE DIRECTIONS: N. Main St. - R Linwood Ave - R Briarhill - Lot on L | SAP CONTROLLED: YES NO

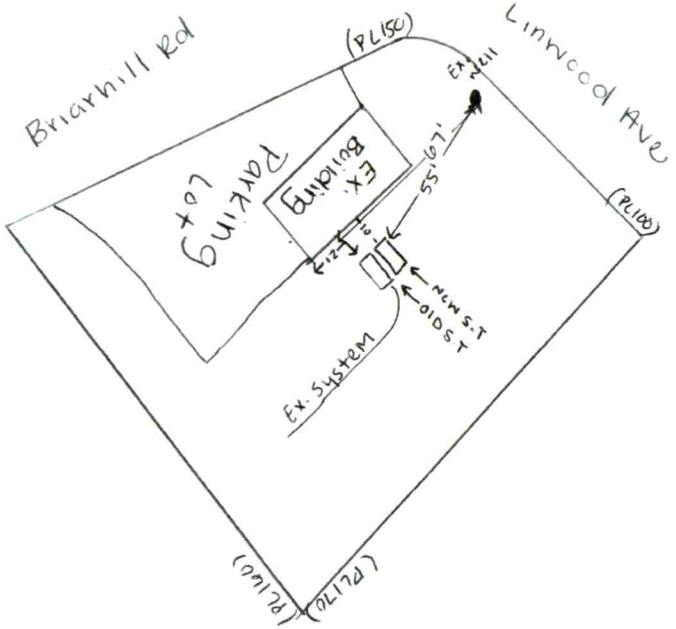
SUBDIVISION: | SECTION: — | LOT #: — | LOT AREA: Ex. | DESIGN FLOW: Ex | L.T.A.R.: Ex.

Septic Tank	1000 (gal)	STB Infiltrator	Date	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT	Date	System Description:			
Pump Make		Model	Serial #	Repair System Description:	Tank Replacement		
# Nitrification Fields	Ex	# Lines Ex	Linear Ft: Ex	Maintenance Agreement Required:	~~YES~~	☐ NO	
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	Ex	~~GRAVITY~~	☐ PRESSURE

☐ Residence	No. Bedrooms —	**Water Supply**	
☑ Business	No. Persons —	☑ Private	
☐ Other	No. Employees Ex	☐ Public	
☐ Slab	☑ Crawl Space	☐ Community	
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Replace DBox if needed. Keep 50' off of well. System functioning properly at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1" = 50'

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Online | Date: | Installed by: Ammons Septic

IMPROVEMENT PERMIT by: Sydney Holland | Date: 3/29/23 | OPERATION PERMIT by: [signature] | Date: 5/24/23

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 3/29/23 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 2802 DATE 7/14/94 TAX MAP NO. IN 5-E-2 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Brenda Vanhoy PHONE: Business Home 528-3225

ADDRESS Rt 1 Box 92AA Troutman, NC. 28166

LOCATION Corner of Enochville and N Church St.

SUBDIVISION N/A BLOCK / SECTION LOT LOT AREA Existing SITE CLASS. DESIGN FLOW 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 Existing Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: Existing System

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☑ Business No. Employees 2

☑ Other Storage

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

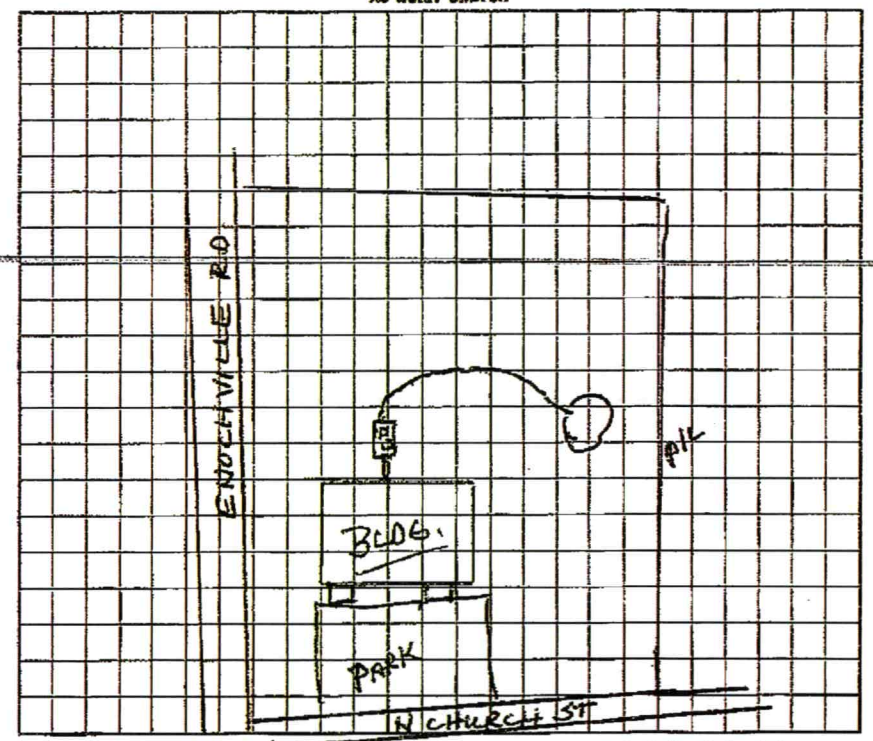
Water Supply: ☐ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: date

Existing System Inspection by: Wesley Sparks RS. date 7/14/94

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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