IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # REPAIR

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

PIN # 4667-84-6886

APPLICANT: MICHAEL MASON APPLICANT ADDRESS: 1667 RUDYARD LN. CINCINNATI OH.

SITE ADDRESS: 216 KENNERLY AVE. MOORESVILLE PHONE: 704-928-6533 ALT. PHONE:

SITE DIRECTIONS: MAIN ST TOWARDS ROWAN TR KENNERLY, ON L

SUBDIVISION: SECTION: LOT # LOT AREA: DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 3-7-14 ☐ 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: 25% RED.

Nitrification Fields 1 # Lines 4@75' Linear Ft: 300' Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth 24"* Gravel Depth ☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons No. Employees ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

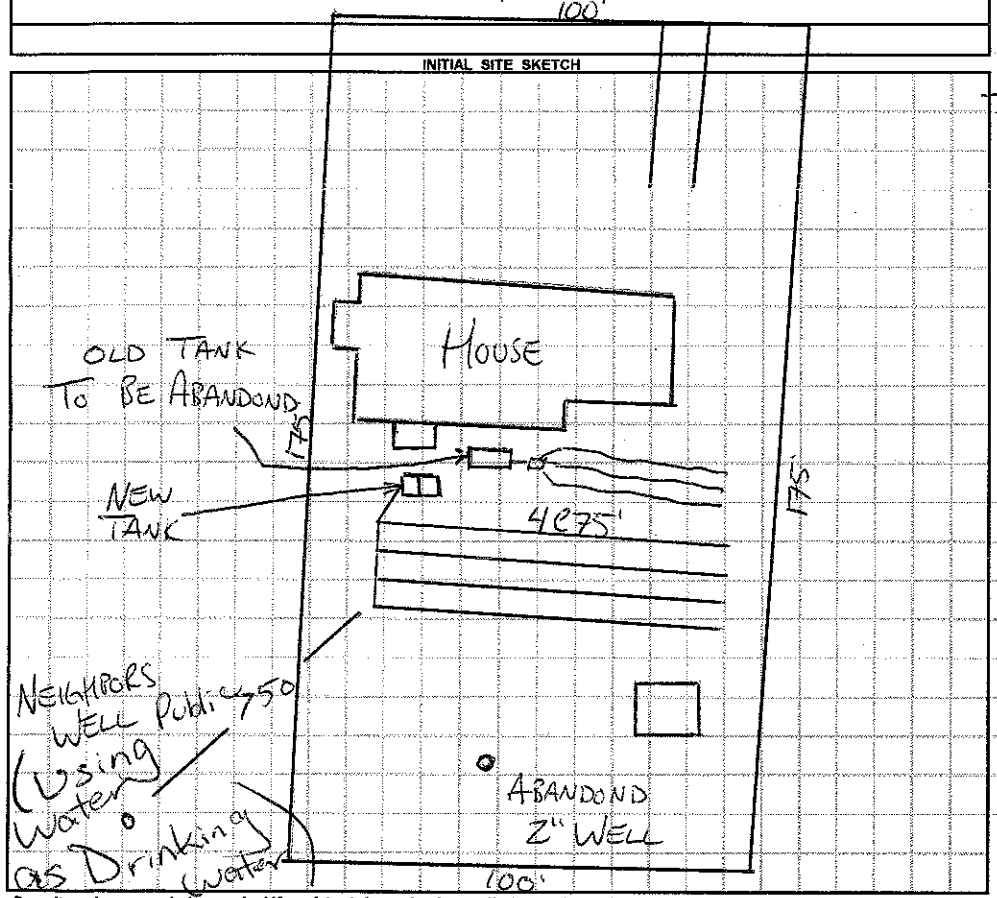
☐ Basement w/o plumbing

Comments / Conditions:

KENNERLY

4/21/14 Pumped & Crushed & back-filled old ST Checked new drainlines (in-filtrator & new ST

INITIAL SITE SKETCH



AS BUILT SKETCH

START 1ST DITCH @ 24" TRENCH BOTTOM

Installed essentially as drawn.

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: Russell Mills per Mike Mason Date: 4-21-14 Installed by: Wastewater Solutions

IMPROVEMENT PERMIT by: APPROVED Date: APR 17 2014 OPERATION PERMIT by: Olathe KS Date: 4/21/14

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: APR 17 2014 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK