10.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080152 PIN# 4669149295 DATE 4/8/99

OWNER OR CONTRACTOR Margarete Kutschenko PHONE: Business _____ Home 704/663/0155

ADDRESS 760 E. Iredell Ave Mooresville NC 28115

LOCATION Shinnville, TL Springdale 5th on LT

SUBDIVISION Springdale BLOCK / SECTION _____ LOT 28 LOT AREA 1.0 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4/9/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 420
No Lines 2 @ 100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity/Conv.
Repair System Description: Chamber/Panel
Maintenance Agreement Required: ☐ Yes ☐ No

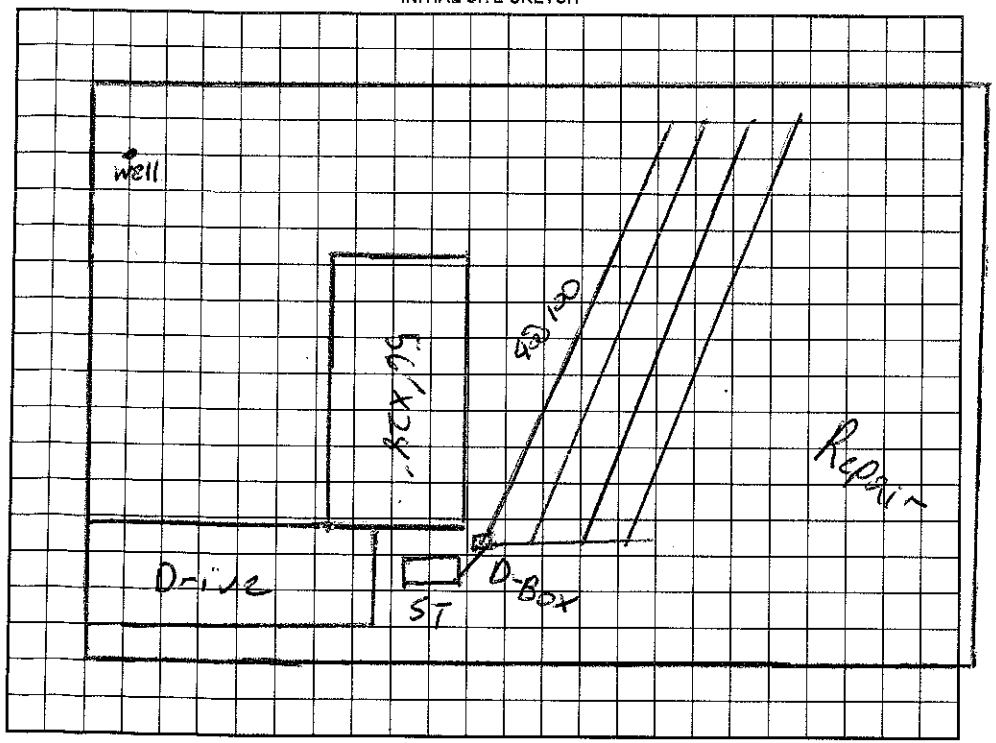
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep lines on Contour
Keep Septic 10' off PL & 5' off House
Well needs to be 50' min from system

Comments/Conditions: No well on site.

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: Henry L Drowdman date 8/11/99 Installed by: A-1 Backhoe

Improvement Permit by: Jeff Morgan date 4/8/99 Operation Permit by: Wesley Sparks R.S. date 8/16/99

Authorization to Construct by: Jeff Morgan date 4/8/99 Existing System Inspection by: _____ date _____

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