3:00

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (O) MOORESVILLE 704-664-5281

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

PERMIT# N/A PIN# N/A 4675 38 2547 DATE 6/25/03

OWNER OR CONTRACTOR Don Kistler PHONE: Business _____ Home 664-4074

ADDRESS 1643 Cold Creek Rd. Mooresville, NC 28115

LOCATION on (L) B 4 DEI.

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA 4+ Acs. SITE CLASS. RS DESIGN FLOW 240 L.T.A.R. .25-.3

Septic Tank EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 3 Trench Width 3' Max Trench Bottom Depth 3'

☐ New System ☒ Repair System Type: I (II) III. IV. V. VI

System Description: _____

Repair System Description: CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

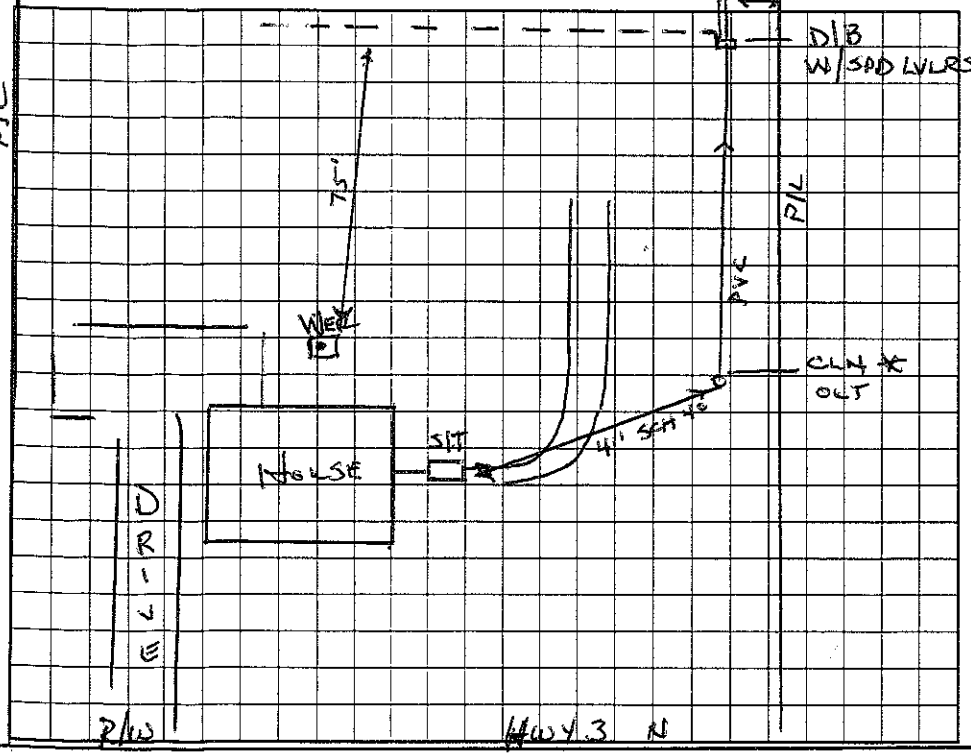
☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: * NEW FILTER "T" COMBINATION ADDED
* SCH 40 PVC FROM S/T TO NEW DIST. BOX
3 @ 120' x 3'

INITIAL SITE SKETCH




Comments/Conditions:

AS BUILT SKETCH

Installed 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. 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: * Don Kistler date 6/26/03 Installed by: Larry Beam

Improvement Permit by: Wesley Sparks RS. date 6/25/03 Operation Permit by: Mark Wilson R.S. date 8/27/03

Authorization to Construct by: Wesley Sparks RS date 6/25/03 Existing System Inspection by: _____ date _____

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