IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108869 PIN# 4676352833 DATE 9/19/2002

OWNER OR CONTRACTOR Chad & Crystal Schneider PHONE: Business 664-2928 Home 799-3281

ADDRESS 159 Woodwinds Dr. Mooresville NC 28115

LOCATION Main St TR ~~Brantley~~ Linwood TL Brantley TR Woodwinds on left

SUBDIVISION Quail Hill BLOCK / SECTION ____ LOT 41 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360gpd 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 ~1200' Linear Feet ~300'

No Lines ____ Trench Width Existing Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Gravity Conventional Same

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

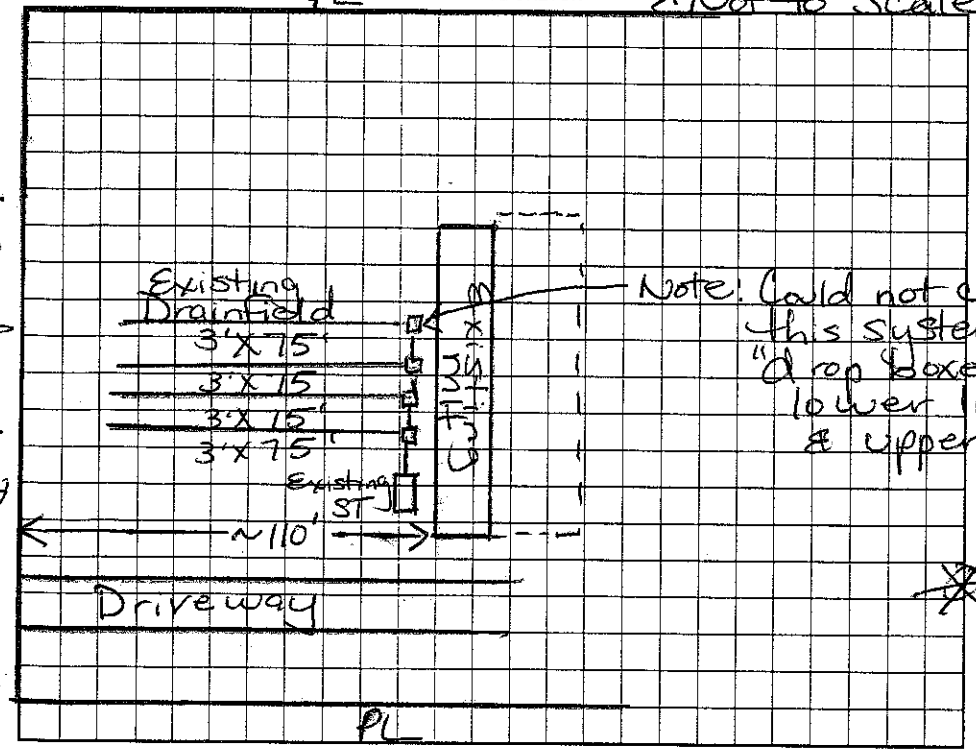
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspections.

Comments:/Conditions: Keep new home at least 5' from Septic System. (Do not cover any part of Septic System with new construction)

PL INITIAL SITE SKETCH *Not to Scale



AS BUILT SKETCH

Probably installed ~1985

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 X Crystal M Schneider date 9/19/02

Improvement Permit by: Maiah H Dotson RS date 9/19/02

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Maiah H Dotson RS date 9/19/02

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