# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111202 PIN# 4676465941 DATE 2-26-03

OWNER OR CONTRACTOR Andrew Christenbury PHONE: Business 892-7800 Home 663-1424

ADDRESS 129 Lakewinds Dr Mooresville NC 28115

LOCATION Linwood TL Brumley TR Quail Hill TR Lakewinds 3rd home on left

SUBDIVISION Quail Hill BLOCK / SECTION ____ LOT 18 LOT AREA .59 Acre 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 1 Square Feet 720 Linear Feet 240

No Lines 3@80 Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 12"

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

System Description: Existing Gravity-Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

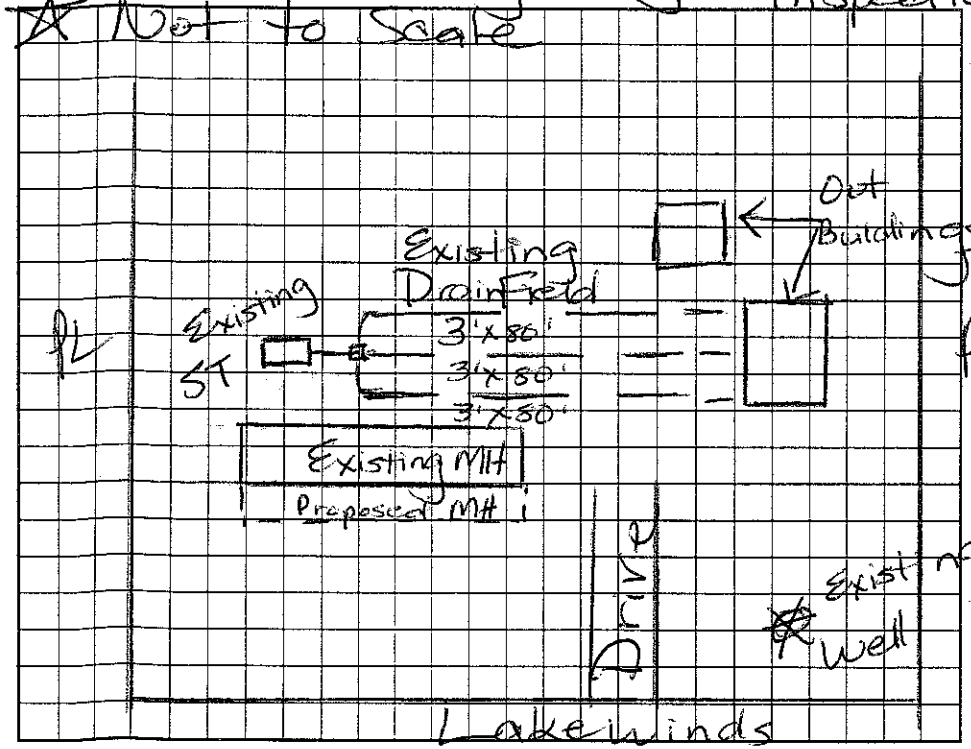
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: Keep new home at least 5' from Septic System. = Existing Septic System appears to be functioning okay at time of inspection.

Comments/Conditions: Septic System originally installed 2/1986 for Ken Knox Copy of permit attached

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: Andrew Christenbury date ____ Installed by: ____

Improvement Permit by: Maria H.H. Dotson R.S. date 2/26/03 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria H.H. Dotson R.S. date 2/26/03

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