IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151509 PIN# 4676896712 DATE 7-8-08

OWNER OR APPLICANT Justina Julie Nottestad PHONE: Business 980 721-9701 Home 704 662 9707

ADDRESS 106 Oakwood Meadow Dr. Mooresville, NC 28115

LOCATION Linwood TL Teeter Rd TR Magnolia Ridge TR Oak Meadow on Lt at end

SUBDIVISION Magnolia Ridge BLOCK / SECTION ____ LOT 10 LOT AREA 1.00 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .35

Exist Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Add Nitrification Field: No Fields 1 Square Feet 345' Linear Feet ~115'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity - 25% Reduction

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A ☐ Gravity ☐ Pressure

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

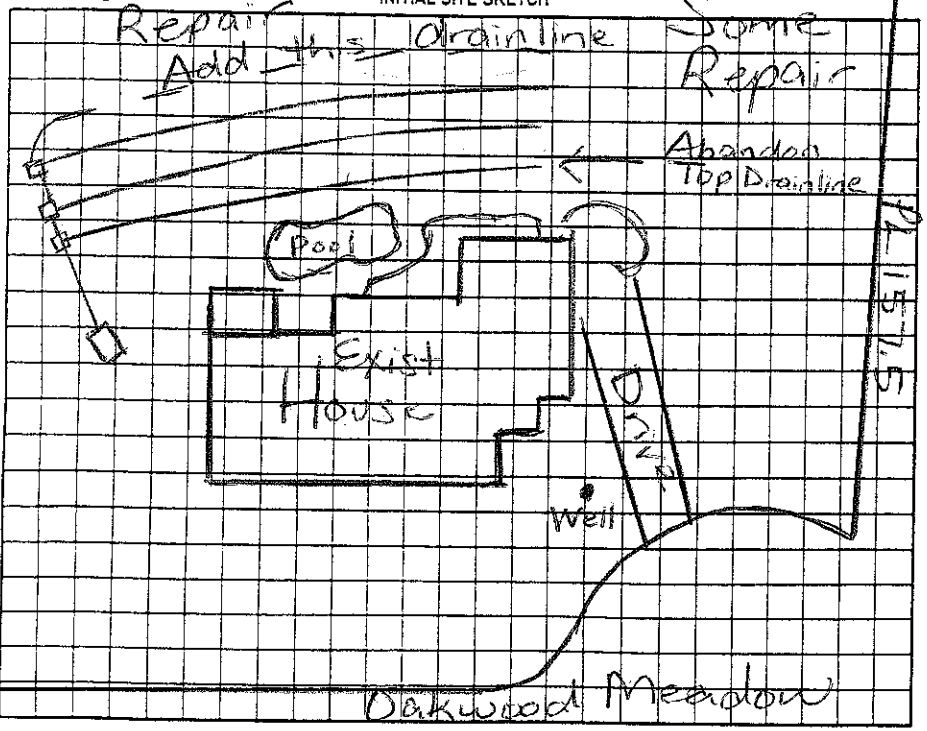
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

PL 24'

Comments/Conditions: Note: Abandon top drainline to make room for pool & maintain 15ft set-back. Add 1-Drainline ~3"x115' below existing Drainfield

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 1-line (120ft) Quick 4 (put cap from box to 1st line to abandon)

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: Julie Nottestad date 7/9/08

Improvement Permit by: Maria H. Dolson RS date 7/8/08

Authorization to Construct by: Maria H. Dolson RS date 7/8/08

Installed by: R & H RS

Operation Permit by: Maria H. Dolson date 7/23/08

Existing System Inspection by: ____ date ____

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