Expansion/Pics ✓

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14873 PIN# 4679398652.000 DATE 3/19/08

OWNER OR APPLICANT Paula Cruz PHONE: Business 704 660-0266 Home 704 660 506-1206

ADDRESS PO Box 851 Mooresville NC

LOCATION Hwy 801 N TL Triplett Rd. TR French Belk Rd. 252 French Belk Rd. Total

SUBDIVISION Twin Brooks BLOCK / SECTION ____ LOT 10 LOT AREA ≈5 acres SITE CLASS. PS DESIGN FLOW 480' L.T.A.R. @ 3

Septic Tank: Exis 1000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 420' Linear Feet 140'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☑ Gravity ☐ Pressure

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

System Description: Conventional Gravity or accepted

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☑ Other 1BR Apartment

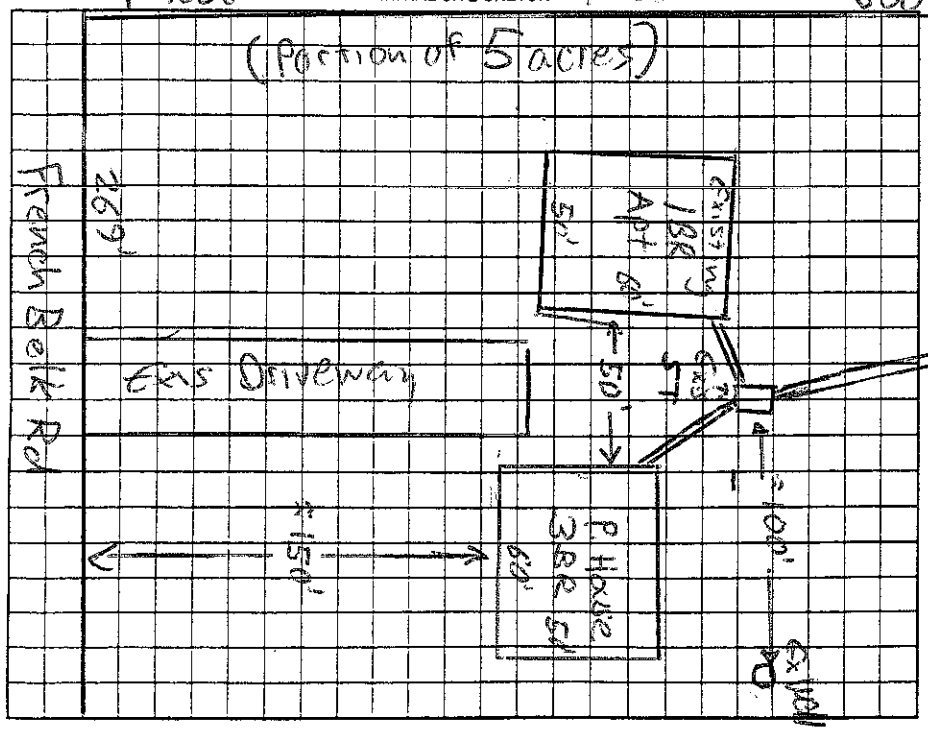
Water Supply: ☑ Individual ☐ Public ☐ Community

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

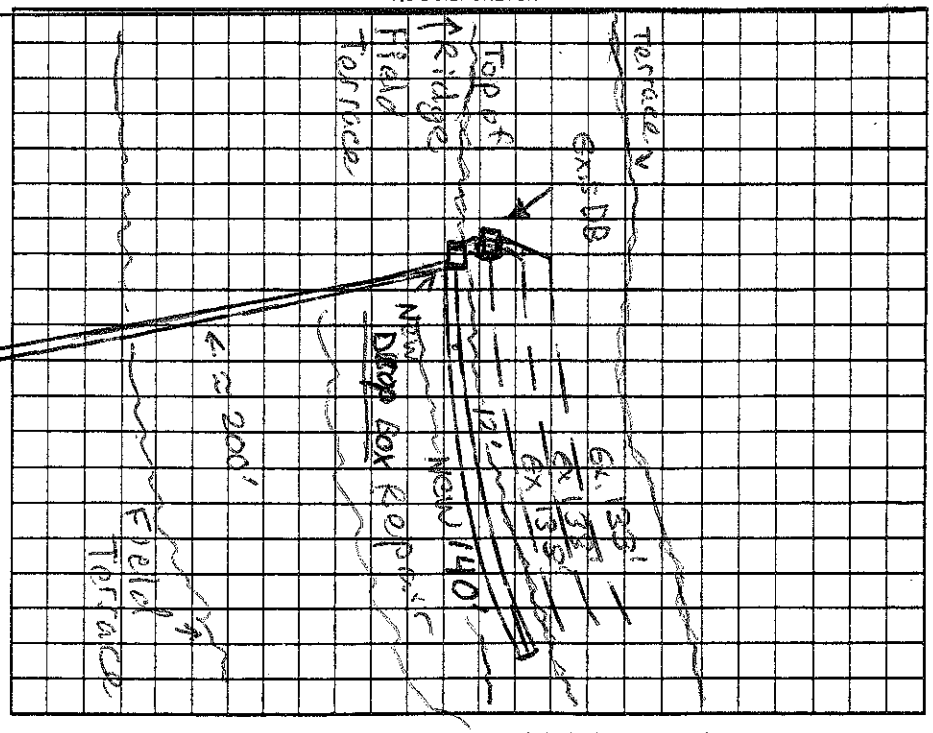
Comments/Conditions: Install Conventional or use 25% reduction accepted
Install drop box on new line connects to Existing DB.

Comments/Conditions: Adding 1 Bedroom to 3BR Exis system for total of 4 Bedrooms. (See Twin Brooks Lot 10 12/7/94 Exis Permit)
6/12/08 Revised plans submitted

1"=60' INITIAL SITE SKETCH 1"=60 600'



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: Paula Cruz date 3/19/08

Improvement Permit by: Anthony Gobey Jr date 3/19/08

Authorization to Construct by: [signature] date 6-3-08

Installed by: Curt Dunnagan

Operation Permit by: Wendy Sparks RS date 9/25/08

Existing System Inspection by: ____ date ____

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