IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 158995 PIN # 4720389570 DATE 11-17-09

OWNER or APPLICANT Julie Duckwork PHONE: Business 704 450 4170 Home: 704 528 9537

OWNER or APPLICANT ADDRESS 131 St. Mustang Loop

LOCATION / DIRECTIONS 2105 toward Troutman (R) on Old Mountain Road (L) on Lee Moore Road (L) - House on (R)

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 9 DESIGN FLOW 480 L.T.A.R. .25

Septic Tank 1000 Gallons: STB ____ Date ____

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 480 total

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth n/a

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

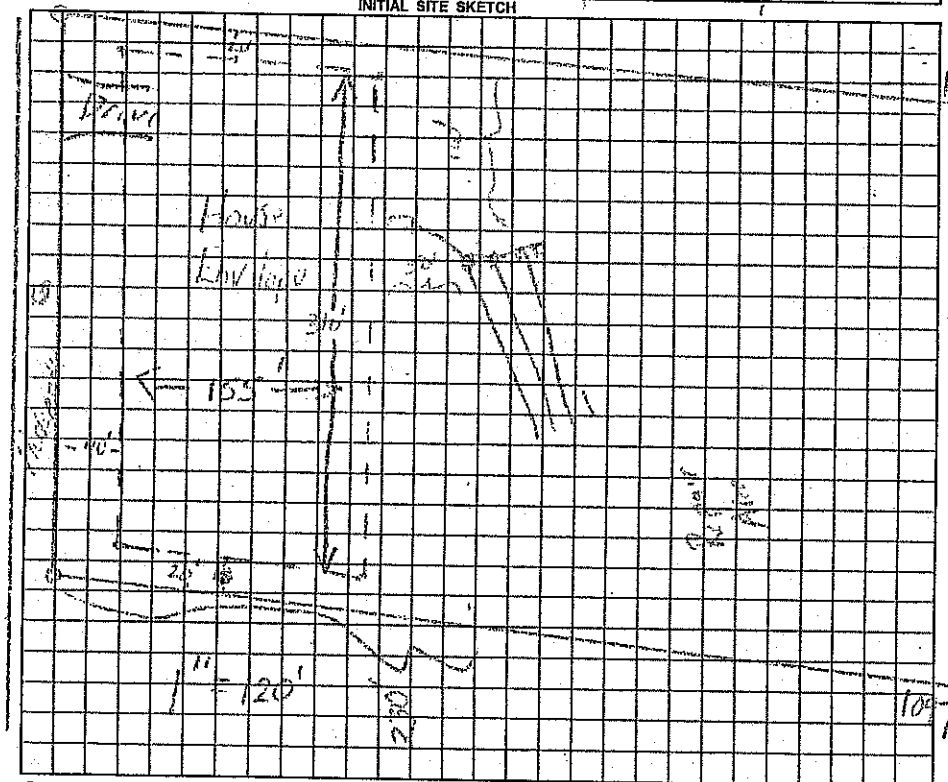
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

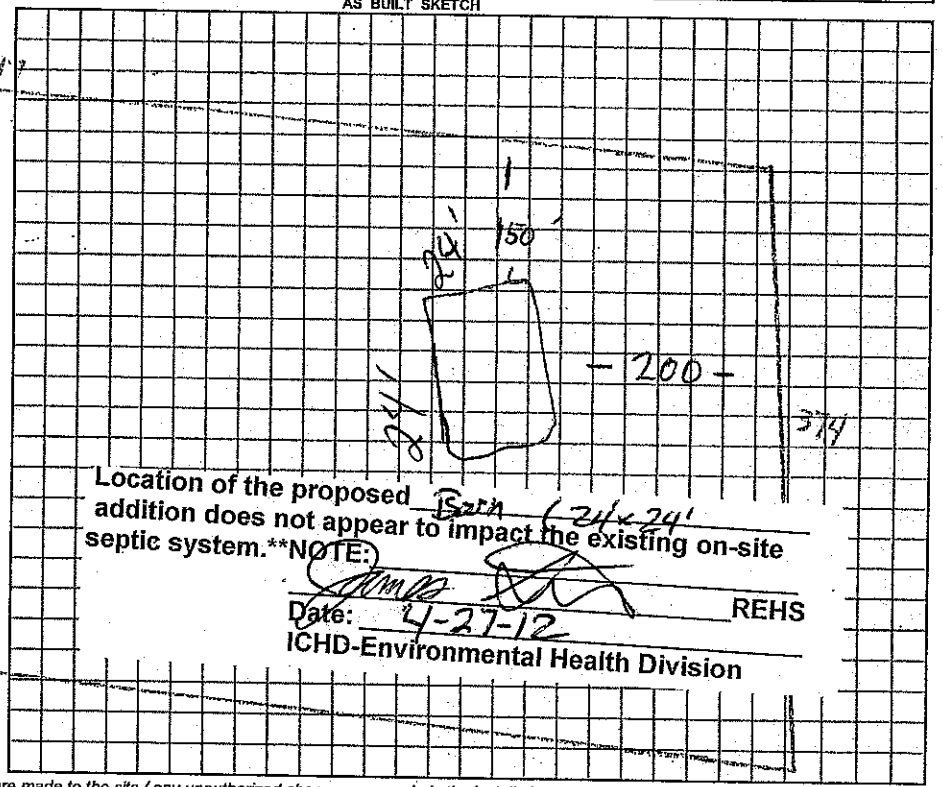
Comments / Conditions - Must use drop boxes
- (4) 120' Lines
- Well and must excess 25' from home or any future addition
- Add one 120' row all parts of septic

Comments / Conditions
- Well permit must be applied for separately

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed 5x24 (24x24') addition does not appear to impact the existing on-site septic system.**NOTE:

Date: 4-27-12 REHS

ICHD-Environmental Health Division

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 w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 11-16-09

Improvement Permit by: [signature] Date 11-17-09

Authorization to Construct by: [signature] Date 11-17-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant