3:30-4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140050 PIN# 4761027375 DATE 1-18-07

OWNER OR APPLICANT Robert Kolessar PHONE: Business 828-431-4141 Home 704-799-9897

ADDRESS 193 Culpeze Rd Mooresville 28117 150 State Park Rd Trostman

LOCATION 21 N TR Oswalt Amity TR Weathers Creek 1/4 mi. on left

SUBDIVISION Oak Ridge BLOCK / SECTION _____ LOT 6 LOT AREA .97 Ac SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .275 gpd/ft²

Septic Tank: 1500 Gallons; STB 338 Date 8-17-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 540

No Lines 5@108' 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 gravity

Repair System Description: 25% reduction pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons 10

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

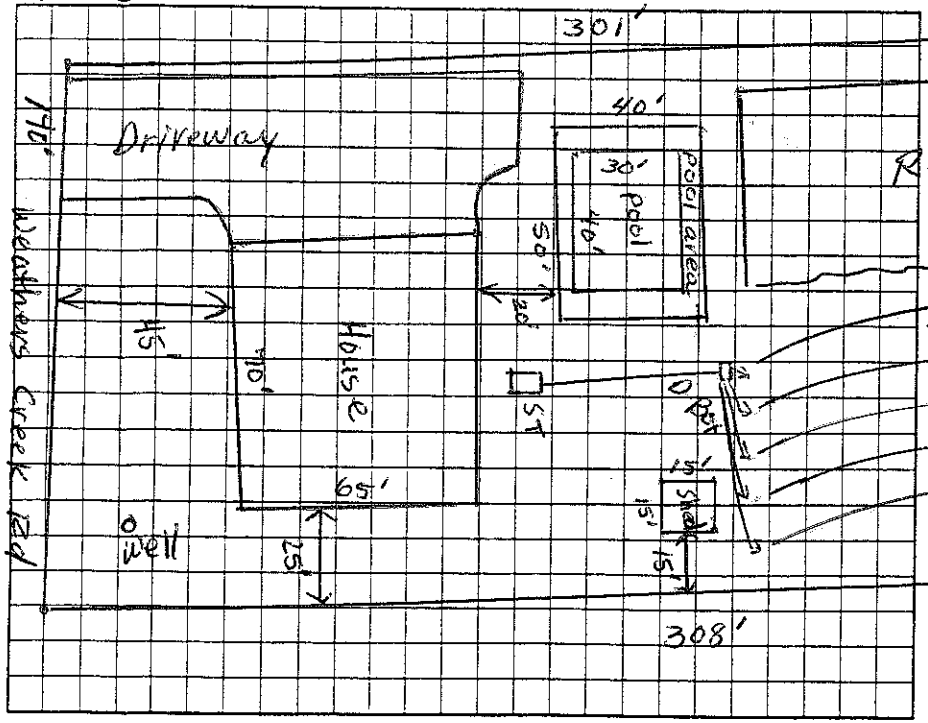
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: -D-Box with speed levelers or flow splitter or end cap distribution
-Keep septic system 15' from pool

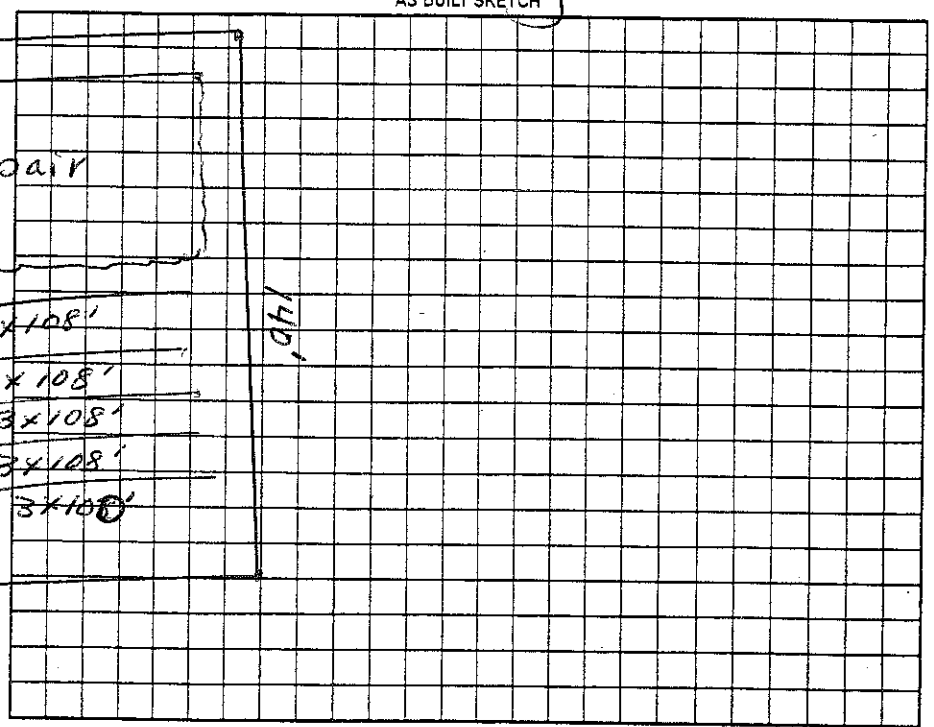
Comments/Conditions: ~~Note: Okay to center feed~~ Used Quickit with "built in" drop boxes Installed essentially as Drawn

1" = 50'

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: _____ date 1-23-07 Installed by: Richard Abernathy

Improvement Permit by: Judy Melville date 1-18-07 Operation Permit by: Marian H. Adams RS date 12/20/07

Authorization to Construct by: John E Alpe date 6-29-07 Existing System Inspection by: _____ date _____

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