IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17999

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

PIN # 4710352634

APPLICANT: [illegible] APPLICANT ADDRESS: [illegible]

SITE ADDRESS: [illegible] PHONE: [illegible] ALT. PHONE:

SITE DIRECTIONS: [illegible]

SUBDIVISION: [illegible] SECTION: — LOT # [illegible] LOT AREA: [illegible] DESIGN FLOW: [illegible] L.T.A.R.: [illegible]

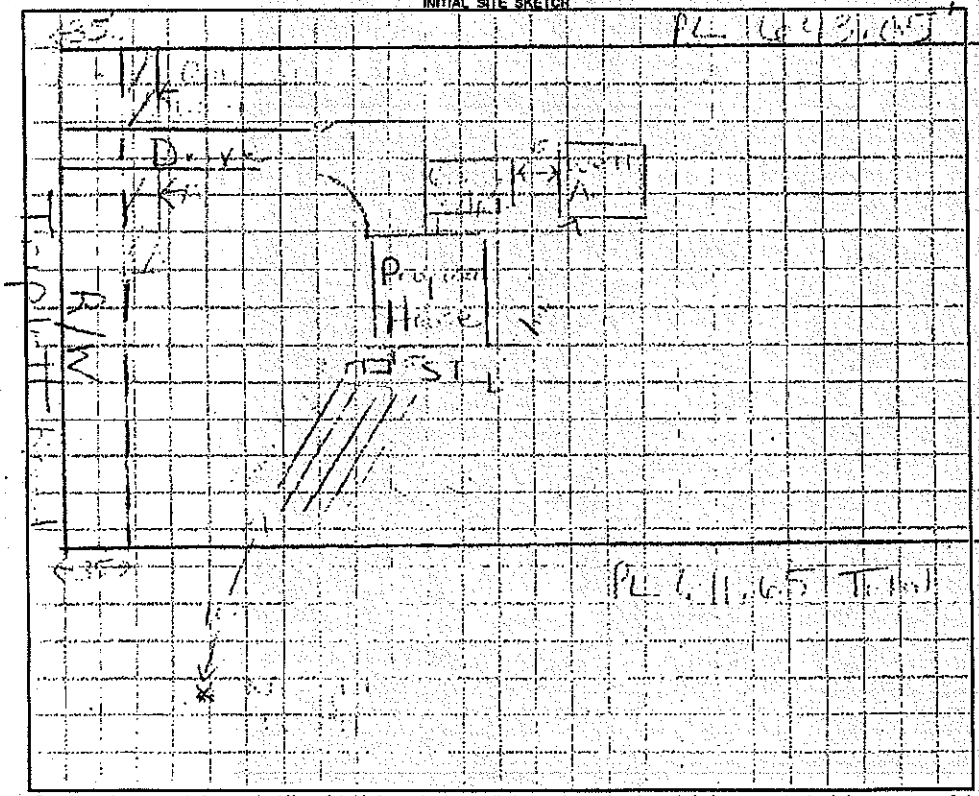
Septic Tank	[illegible] (gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	[illegible]		
Pump Make		Model		Serial #		Repair System Description:			
# Nitrification Fields	1	# Lines	[illegible]	Linear Ft:	[illegible]	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24	Max. Trench Bottom Depth	24"	Gravel Depth	12"		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons		☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☐ Basement w/ plumbing	☐ Basement w/o plumbing		

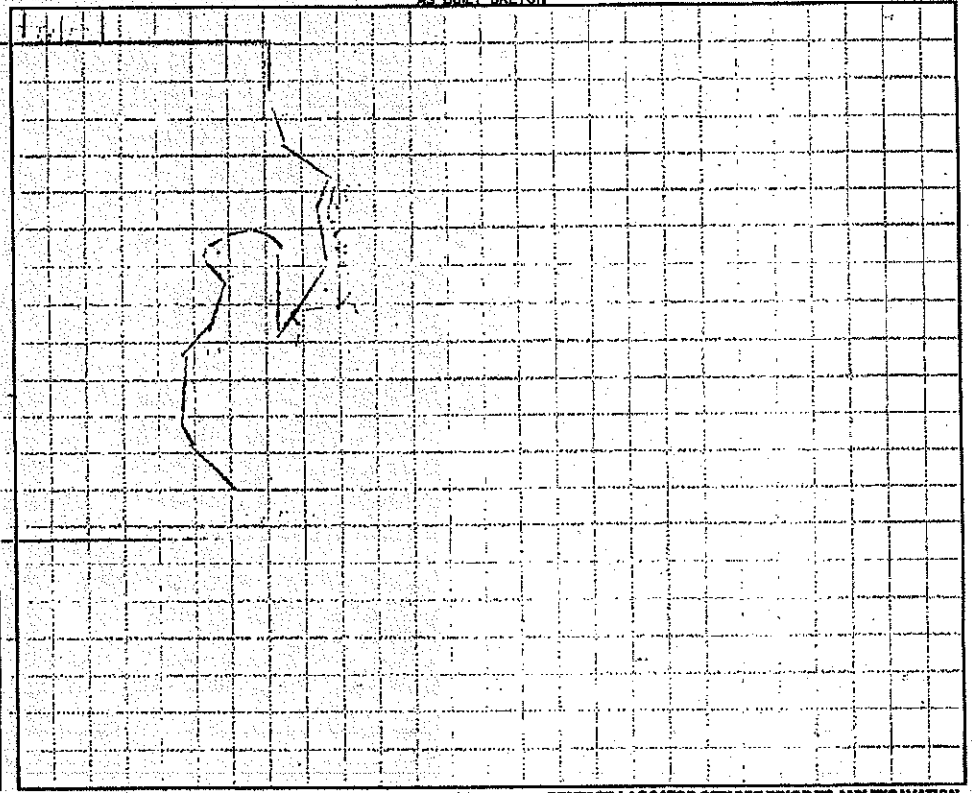
Comments / Conditions: [illegible]

Single [illegible]

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. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: [illegible] Date: 10/4/13 Installed by:

IMPROVEMENT PERMIT by: [illegible] Date: 10/31/13 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [illegible] Date: 11/1/13 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office

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

APPLICANT: Chester Sparks — APPLICANT ADDRESS: 104 Southcrest Dr. Mooresville

SITE ADDRESS: 1512 Triplett Rd Cleveland, NC 27013 — PHONE: 704-460-7801 — ALT. PHONE:

SITE DIRECTIONS: Hwy 115 N, 72 Mooresville Rd. TL Triplett, 2.5 miles on right. Last first house with a Brick Mailbox

SUBDIVISION: — SECTION: — LOT #: — LOT AREA: 3.93 acres — DESIGN FLOW: 480 GPD — L.T.A.R.: .3

Septic Tank: 1000 gal — S/B: 3.75 - 1000 — Date: 5-26-14

Pump Tank: — gal — PT: — Date:

Pump Make: — Model: — Serial #:

Notification Fields: 1 — # Lines: 4 @ 100' — Linear Ft: 400

Trench Width: 36" — Max. Trench Bottom Depth: 33" — Gravel Depth: N/A

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

System Description: 25% Reduction - Gravity

Repair System Description: None

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms: 4 — No. Persons: 8 — No. Employees:

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Must keep Septic System at least 15' From PL, 5' From House & 10' From Hill. If Repair is installed it must be 50' From Pond.

+ 3 BR in Main House Plus Additional BR. Office Garage (To Remain) Leave Easement to Main House Septic System

INITIAL SITE SKETCH

1" = 100'

Exact Measures

Fence

Pond

48'

21'

Pool

121' Property Line

AS BUILT SKETCH

645'

Driveway

Garage w/ apt

50'

House

60'

40'

135'

N/F

Pond

50'

14'

Septic

Septic

612'

18'

5'

121'

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Owner / Applicant Signature: — Date:

IMPROVEMENT PERMIT by: — Date:

AUTHORIZATION TO CONSTRUCT by: — Date:

Installed by: Kincaid Septic

OPERATION PERMIT by: — Date: 8/6/14

Existing System Inspected by: — Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - Pink

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office

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

APPLICANT: GINGER SPARKS APPLICANT ADDRESS: 106 SAWHORSE DR. MOORESVILLE

SITE ADDRESS: 1519 TRIPLETT RD. CLEVELAND, NC 27013 PHONE: 704-450-7801 ALT. PHONE:

SITE DIRECTIONS: HWY 115 N, TR MAXEPPA RD. TL TRIPLETT, N 2.5 MILES ON RIGHT JUST PAST FOREST VIEW & BEFORE HILL

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.93 ACRE DESIGN FLOW: 480 GPD. L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825-1000 Date 5-25-14
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 @ 100' Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 33" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION / - GRAVITY
Repair System Description: SAME
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

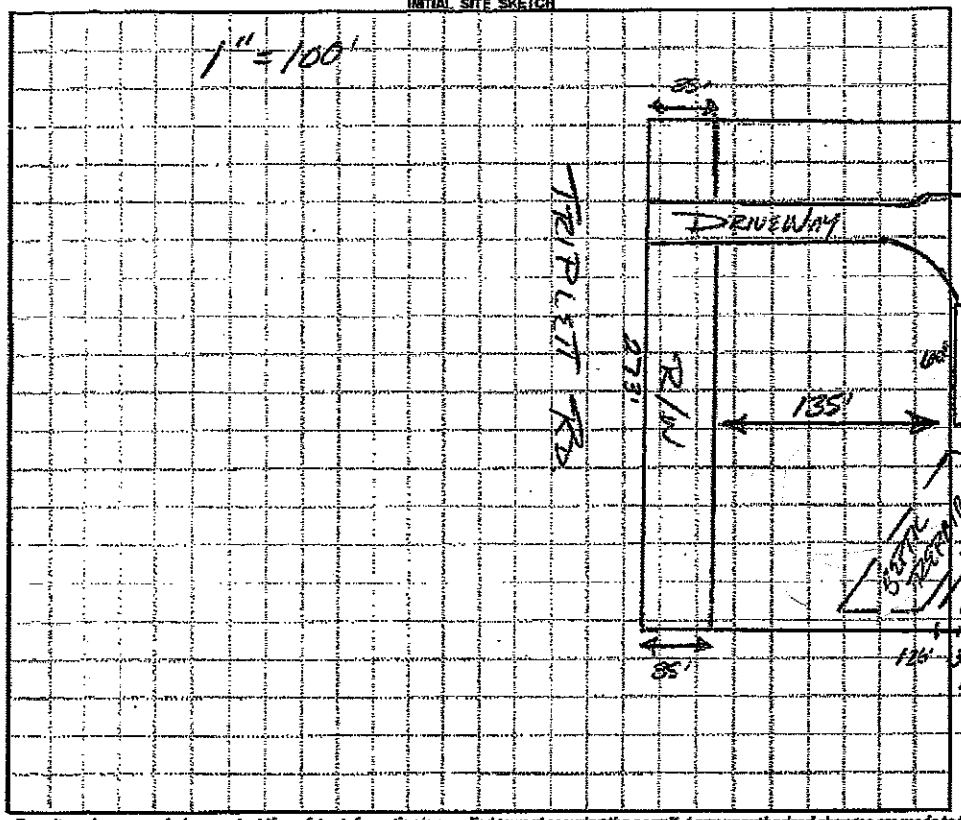
☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

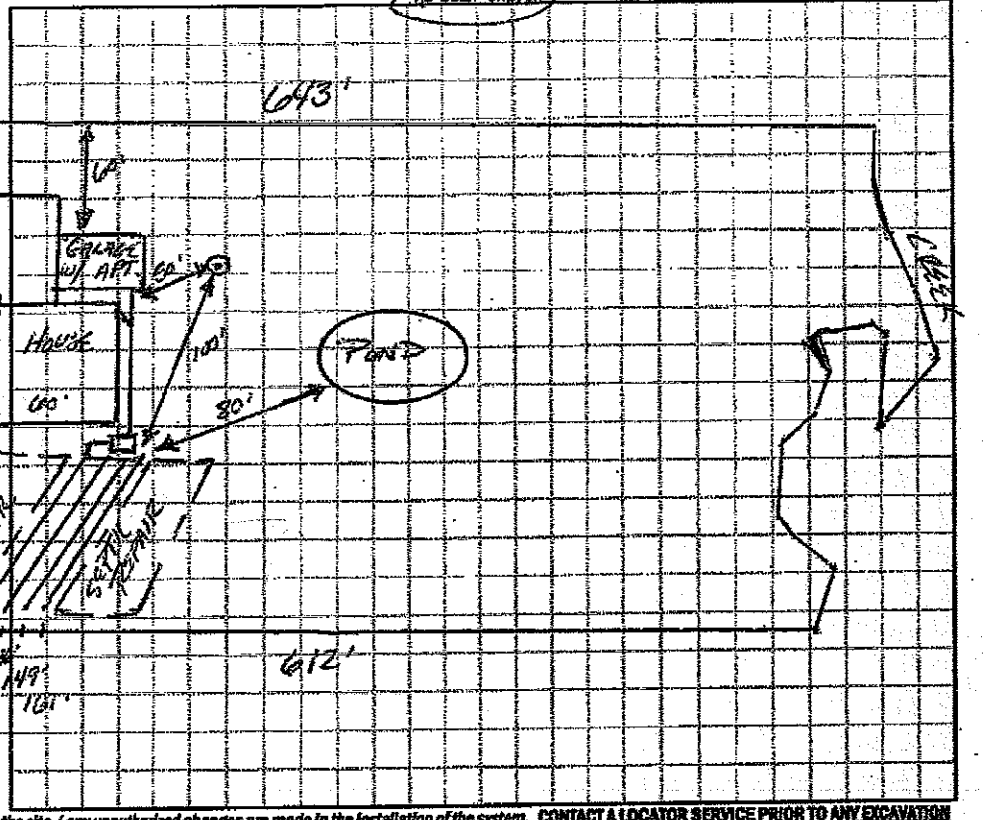
Comments / Conditions: MUST KEEP SEPTIC SYSTEM AT LEAST 10' FROM PL, 5' FROM HOUSE & 10' FROM WELL. IF REPAIR IS UTILIZED IT MUST REMAIN 50' FROM POND.

* 3 BR IN MAIN HOUSE PLUS ADDITIONAL BR OVER GARAGE. (TIE PLUMBING FROM GARAGE TO MAIN HOUSE SEPTIC SYSTEM.)

INITIAL SITE SKETCH



AS BUILT SKETCH



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Owner / Applicant Signature: Date: Installed by: KOWAN SEPTIC

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date: 8/6/14

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK