IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211324

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

PIN # 3782745920

APPLICANT: Ernst Koehler APPLICANT ADDRESS: 431 Robinson Rd Mooresville, NC 28117

SITE ADDRESS: 143 Dockside Ln Mooresville, NC PHONE: ALT. PHONE: 704 201 - 7143

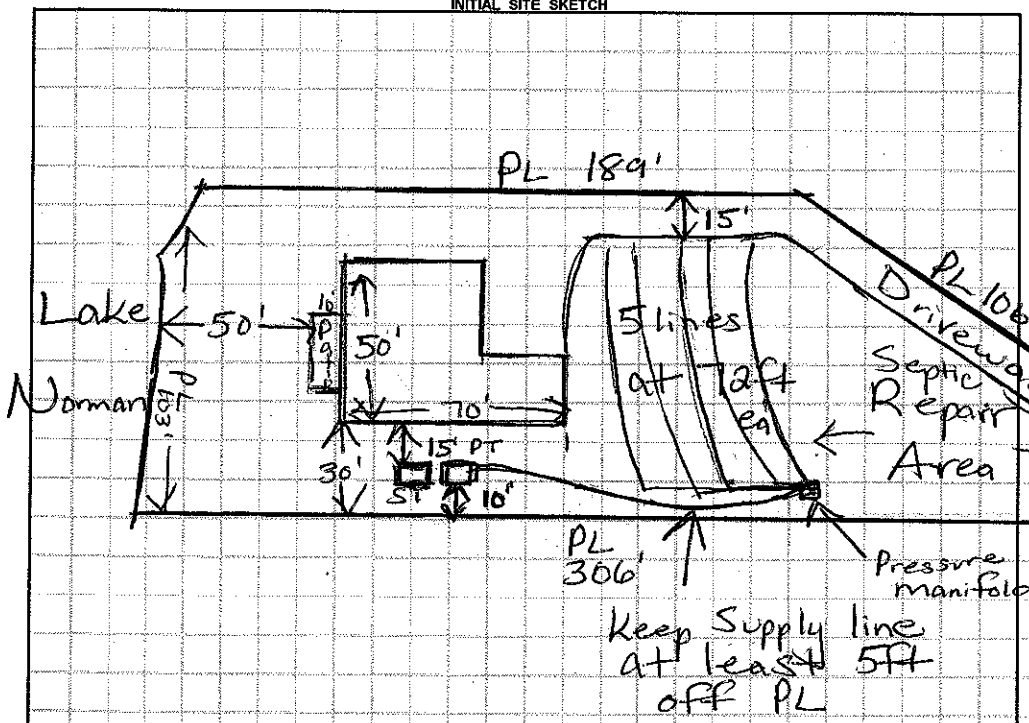
SITE DIRECTIONS: US 70 West TR Bluewater (Gate Code 5253) TR Portside TR Dockside to cul-de-

SUBDIVISION: River Oaks Landing SECTION: 1 LOT # 60 LOT AREA: DESIGN FLOW: 360 gpd L.T.A.R.: .25 sac

Septic Tank	1000 (gal)	STB	794	Date	9-9-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	263	Date	9-16-16	System Description: Pump - PM - 25% Reduction				☐ Business	No. Persons 6	☐ Private
Pump Make	myar	Model	ME50S	Serial #		Repair System Description: Pump - LP - 25% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5@72'ea	Linear Ft:	360ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☒ Community
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Keep Septic System at least 10ft from PL and 50ft from lake.

INITIAL SITE SKETCH



AS BUILT

Scale 1:60

	Date	Initials
Drain Lines Checked		
Tanks Checked	6/17/16	RH
Pressure Manifold or Valve Box Checked	6/17/16	
Pressure Head Set	6/17/16	
Electrical Checked	6/17/16	
Floats Set	6/17/16	
Alarm Checked	6/17/16	
Maintenance Contract Y / N	6/17/16	

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: Date: 8/5/15 Installed by: R + H of Lake Norman Inc

IMPROVEMENT PERMIT by: Maia Hoffman Olson RS Date: 7/17/15 OPERATION PERMIT by: Date: 6/17/16

AUTHORIZATION TO CONSTRUCT by: Maia Hoffman Olson RS Date: 7/17/15 Existing System Inspected by: Date:

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