IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 109825 PIN# 4614-97-6168 DATE 11/21/02

OWNER OR CONTRACTOR Tony Lucchino PHONE: Business _____ Home 704-663-0299

ADDRESS 163 Spring Wood Ln. Mooresville NC 28117 / 104 Claiborne

LOCATION Brawley Sch, TR Tuscarora Tr. TR Balmoral, on Corner w/ Claiborne

SUBDIVISION Meck-Neck BLOCK / SECTION 6 LOT _____ LOT AREA 0.72 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 1/24/03
Pump Tank: 1000 Gallons; PT 283 Date 2/13/03
Pump Make: MYERS Model ME-40 ½ HP Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pressure Man. 25% Reduction
Repair System Description: LP. Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

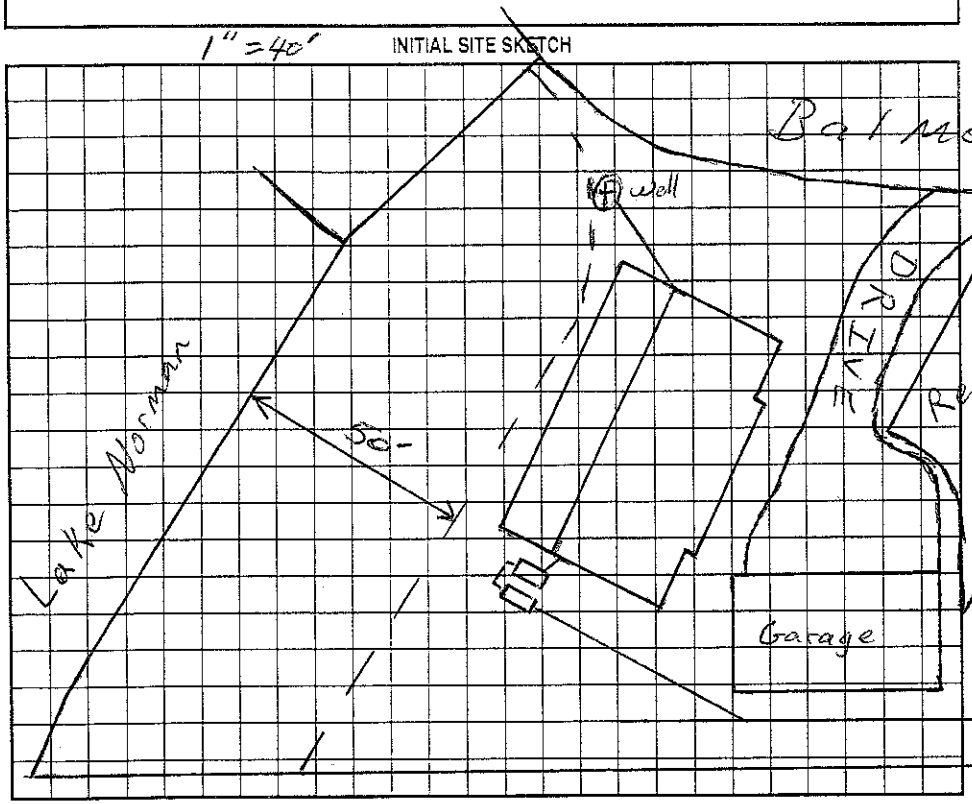
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

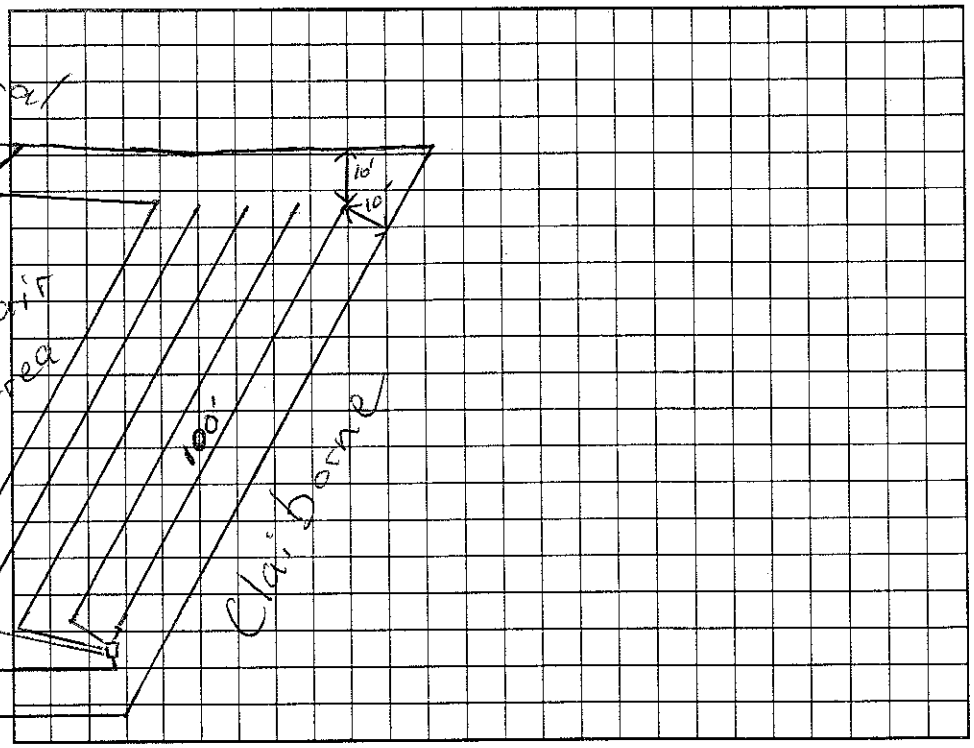
Comments:/Conditions:

Comments:/Conditions: Application for Balmoral
No well yet 4/4/03

1" = 40' 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: Shirley Lucchino date 11/21/02 Installed by: Richard Lampley

Improvement Permit by: RS date 11/21/02 Operation Permit by: Wesley Sparks R.S. date 7/23/03

Authorization to Construct by: RS date 11/21/02 Existing System Inspection by: _____ date _____

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