# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 147071 13P

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

PIN # ~~4616-90-2037~~ 4616901082

APPLICANT: LAKE LUXURY HOMES APPLICANT ADDRESS: PO BOX 3792 MOORESVILLE 28117

SITE ADDRESS: 360 BARBER LOOP PHONE: 704-516-2344 ALT. PHONE:

SITE DIRECTIONS: BSR, TR CHUCKWOOD, TL BARBER, ON R

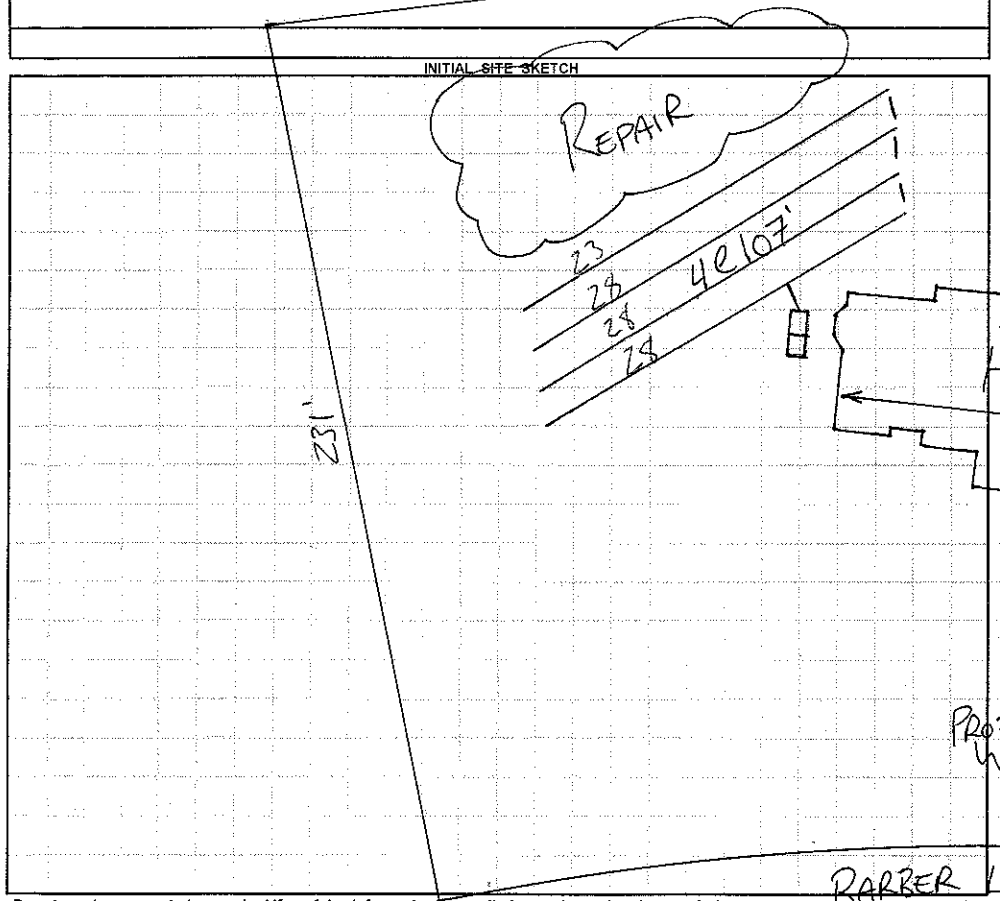
SUBDIVISION: WATERTREE LANDING SECTION: 5 LOT # 36 LOT AREA: 1.39 AC DESIGN FLOW: 600 L.T.A.R.: .85/1.3R

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1500 | (gal) | STB 1014 | Date | 6-10-13 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 5 |
| Pump Tank | | (gal) | PT | Date | | System Description: | | 25% REDUCTION | | ☐ Business | No. Persons |
| Pump Make | | Model | | Serial # | | Repair System Description: | | PANEL | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 4@107' | Linear Ft: | 428' | Maintenance Agreement Required: | | ☐ YES | ☒ NO | ☐ Slab | ☒ Crawl Space |
| Trench Width | 36" | Max. Trench Bottom Depth | 36" | Gravel Depth | | | | ☒ GRAVITY | ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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: [signature] Date: 8-14-13 Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: [signature] Date: 7-10-13 OPERATION PERMIT by: [signature] Date: 8-29-13

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-10-13 Existing System Inspected by: Date:

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