IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18485 DATE June 6, 194 TAX MAP NO. 2C1B30 4624-88-4581 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Mel Poole PHONE: Business _____ Home 892-7438 LN

ADDRESS 78039 Lakewood Circle, Mooresville

LOCATION 1100 TL1101 TR Yacht Harbor TL Keel Ct. on Right in Cul D Sac

SUBDIVISION Yacht Harbor BLOCK / SECTION _____ LOT 30 LOT AREA ~20,000 ft² SITE CLASS B pre 1992 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6-23-95

Pump Tank: 1000 Gallons; PT 27 Date 8-18-95

Pump Make: Goulds Model WE03111 Serial No. 6954677

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200

No Lines 4 Trench Width [redacted] 24" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, ☑ V, VI

System Description: LP PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

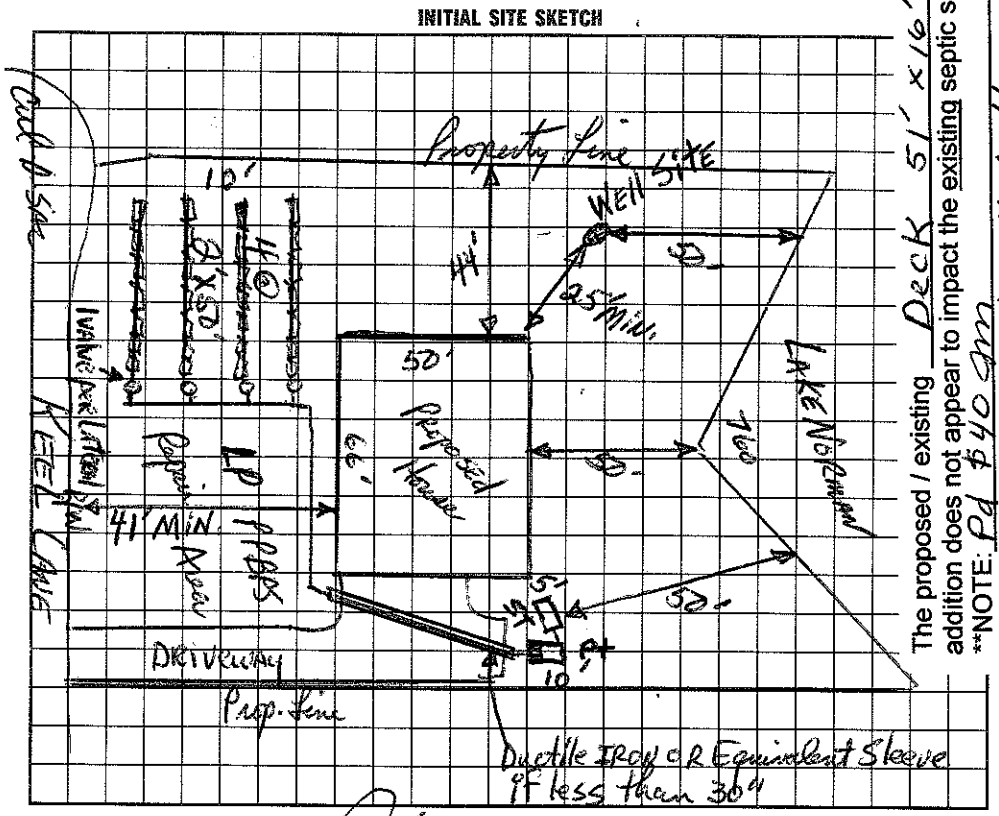
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: ONE 3/16" hole per panel; 2' pressure head

Comments: 2nd lateral from street deep.

INITIAL SITE SKETCH



The proposed / existing Deck addition does not appear to impact the existing septic system.

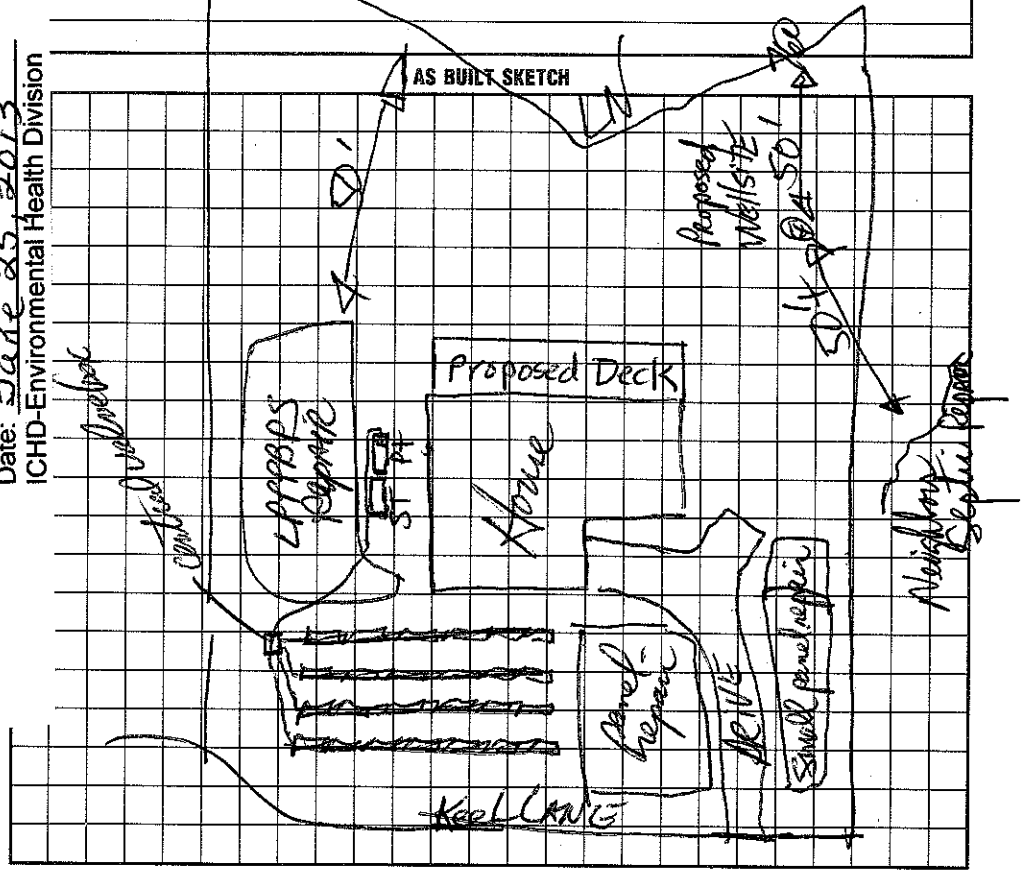
**NOTE: Pd $40 am

Audrey Mehaffey R.S.

Date: June 25, 2013

ICHD-Environmental Health Division

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Mel Poole

Improvement Permit by: Jane R. Hinson, RS date 6/6/94

Existing System Inspection by: _____ date _____

Installed by: A. Cornelius Grading

Certificate of Completion by: _____ date _____

Operation Permit by: JR Hinson, RS date 10/13/95

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