IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 206287

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

PIN # 4625691674

APPLICANT: Phil Rotella Lakevision Development APPLICANT ADDRESS: 8915 Warwick Lane, Sherrills Ford

SITE ADDRESS: 115 Bayport Lane, Mooresville NC 28117 PHONE: (704) 506-0807 ALT. PHONE:

SITE DIRECTIONS: Go Brawley School Rd TR on Bay Harbor TL on Lake Mist TR on Bayport lot on left near cul de sac

SUBDIVISION: The Harbor SECTION: 1 LOT # 16 LOT AREA: .59 ac DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank existing 1500 (gal) STB Date

Pump Tank existing 1500 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 - 83' each Linear Ft: 332'

Trench Width 24" Max. Trench Bottom Depth 30" Gravel Depth N/A sand 24"

☐ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: existing IPP panel block

Repair System Description: none

Maintenance Agreement Required: ☑ YES ☐ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 5

☐ Business No. Persons

☐ Other No. Employees

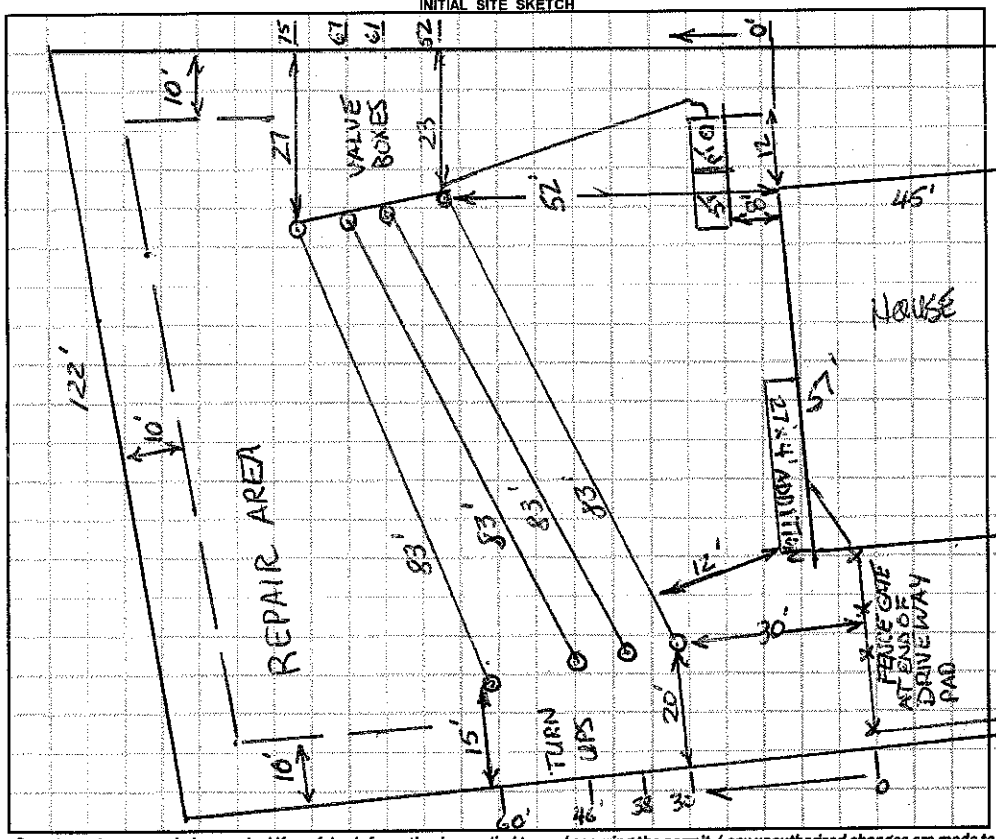
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

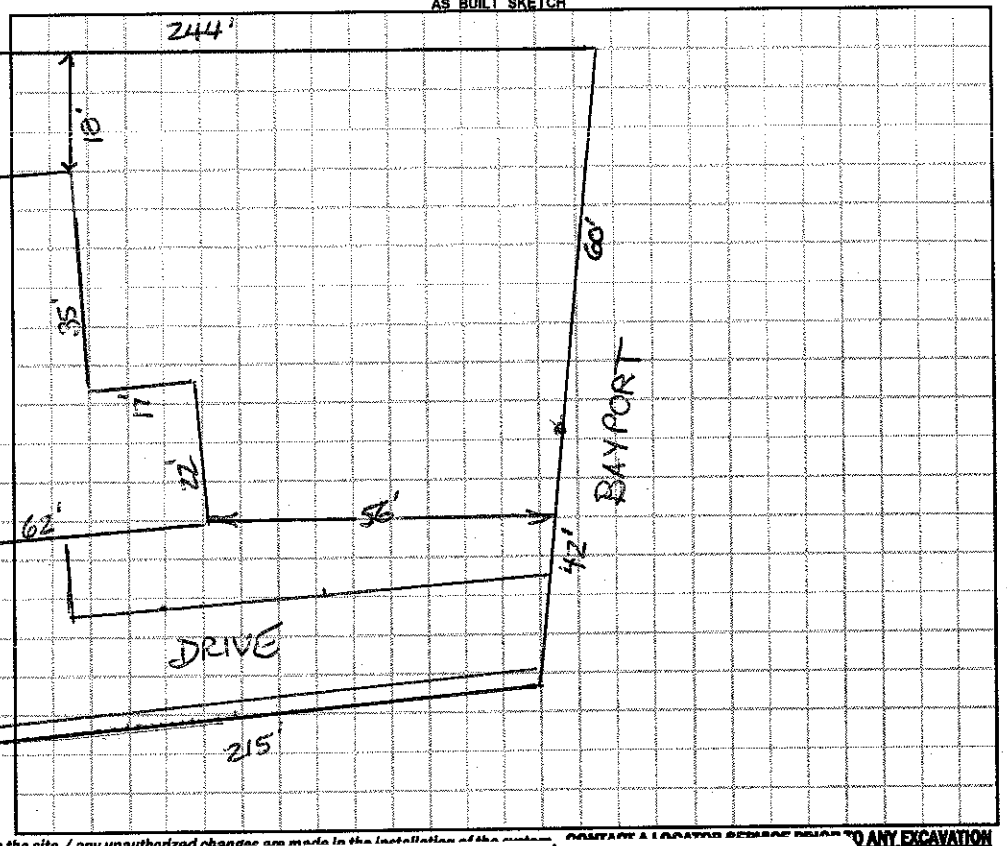
Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Existing System check only for covered patio no increase in bedrooms or water flow.

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 LOCATION SERVICE PRIOR TO ANY EXCAVATION

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* *to exceed 60 mo.*

Location of the proposed covered patio addition does not appear to impact the existing on-site septic system or well.** NOTE:

Richard Farris REHS Date: 10/27/14

ICHD-Environmental Health Division

Owner / Applicant Signature: Date: Installed

IMPROVEMENT PERMIT by: Date: OPERATIO

AUTHORIZATION TO CONSTRUCT by: Date: Existing S 10/27/14

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