IREDELL COUNTY HEALTH DEPARTMENT

ESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~05-0455~~ 11796 PIN# ~~4625-44-1687-00~~ 4625-87-6816 DATE 2/3/05

OWNER OR CONTRACTOR Lake Norman Signature Homes PHONE: Business _____ Home _____

ADDRESS 534 BSR Mooresville NC 28117

LOCATION BSR, TR Marstons Mill, TL White horse, TL Ballston on Lt.

SUBDIVISION Point BLOCK / SECTION 4 LOT 472 LOT AREA 51,319 Ft² SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.25

Septic Tank: 1500 Gallons; STB 338 Date 1/10/05
Pump Tank: 1500 Gallons; PT 477 Date 1/31/05
Pump Make: Goulds Model WE0124 Serial No. 1305 38197
Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600'
No Lines 10 @ 60' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Press. Man. 2 Str Reduction
Repair System Description: LF Panel Blocks
Maintenance Agreement Required: ☐ Yes ☒ No Offsite
Gravel Depth —
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

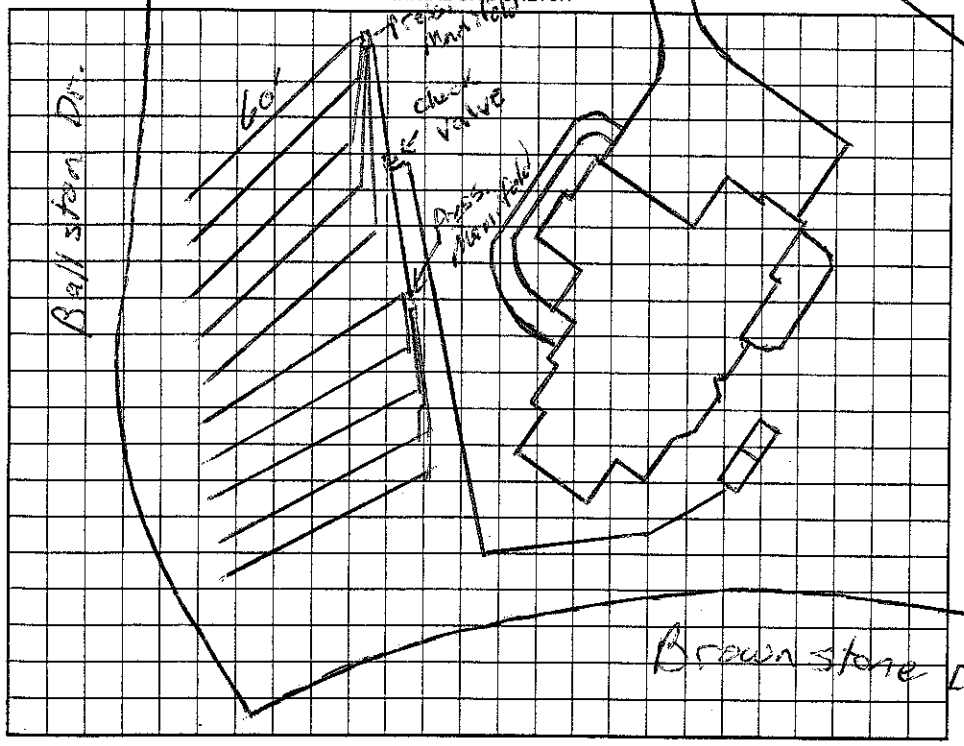
☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☐ Public ☒ Community

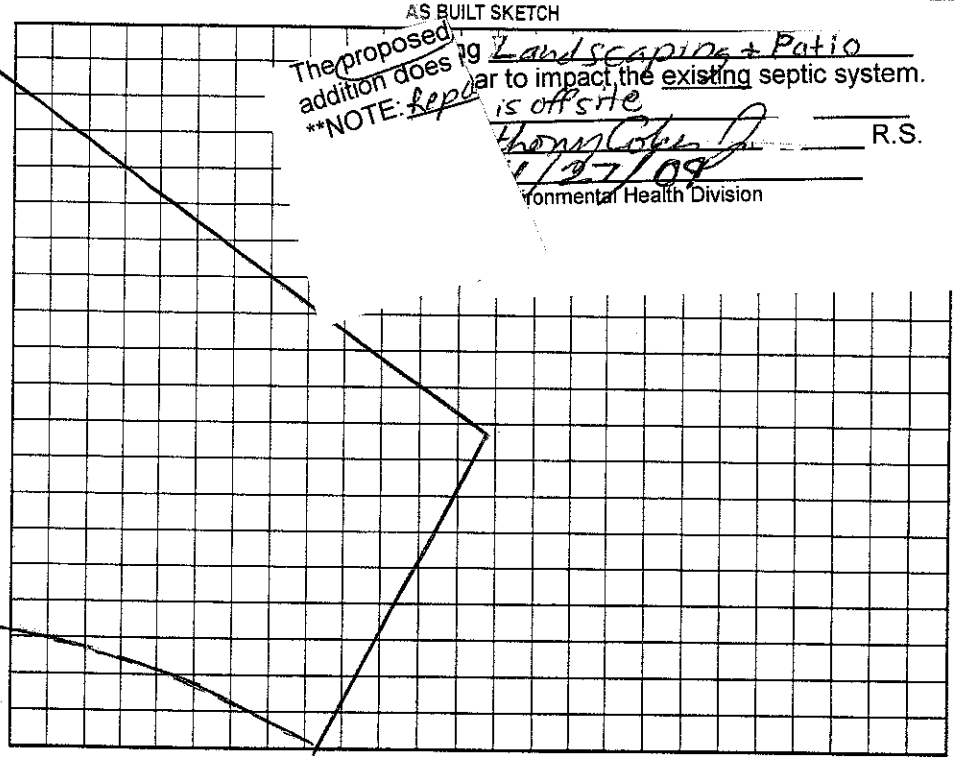
Comments:/Conditions: Billings gate ET

Comments:/Conditions: 4/27/09 Applied for Landscaping & patio that does not affect system location.

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed addition does not appear to impact the existing septic system.
**NOTE: Repair is offsite
Anthony Cotton R.S.
4/27/09
Environmental Health Division

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: agent date 2/5/05 Installed by: Hallmark Const.

Improvement Permit by: RS date 2/5/05 Operation Permit by: RS date 3/7/05

Authorization to Construct by: RS date 2/5/05 Existing System Inspection by: _____ date _____

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