Existing System ones ∅

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149244 PIN# 4626081245.000 DATE 3/18/08

OWNER OR APPLICANT Keith, Gale, Toney Lee Gibson c/o SAME PHONE: Business ______ Home ______

ADDRESS 714 Lakeview Shores Lp. Mooresville NC 28117

LOCATION Brawley School Rd TR McKendree TR Lakeview Shore Lp on Left

SUBDIVISION CL & T BLOCK / SECTION 8 LOT 627-1 LOT AREA ≈.74 ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. Exis

Septic Tank Exis 1000 Gallons; STB ______ Date ______
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet Ex 400'
No Lines Ex 3@133' Trench Width 36" Max Trench Bottom Depth Exis Gravel Depth / ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: ______
Repair System Description: Existing System → LP Panel
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other One Bedroom addition
No. Bedrooms ______ No. Persons ______ No. Employees ______

Water Supply: ☑ Individual Exis ☐ Public ☐ Community

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

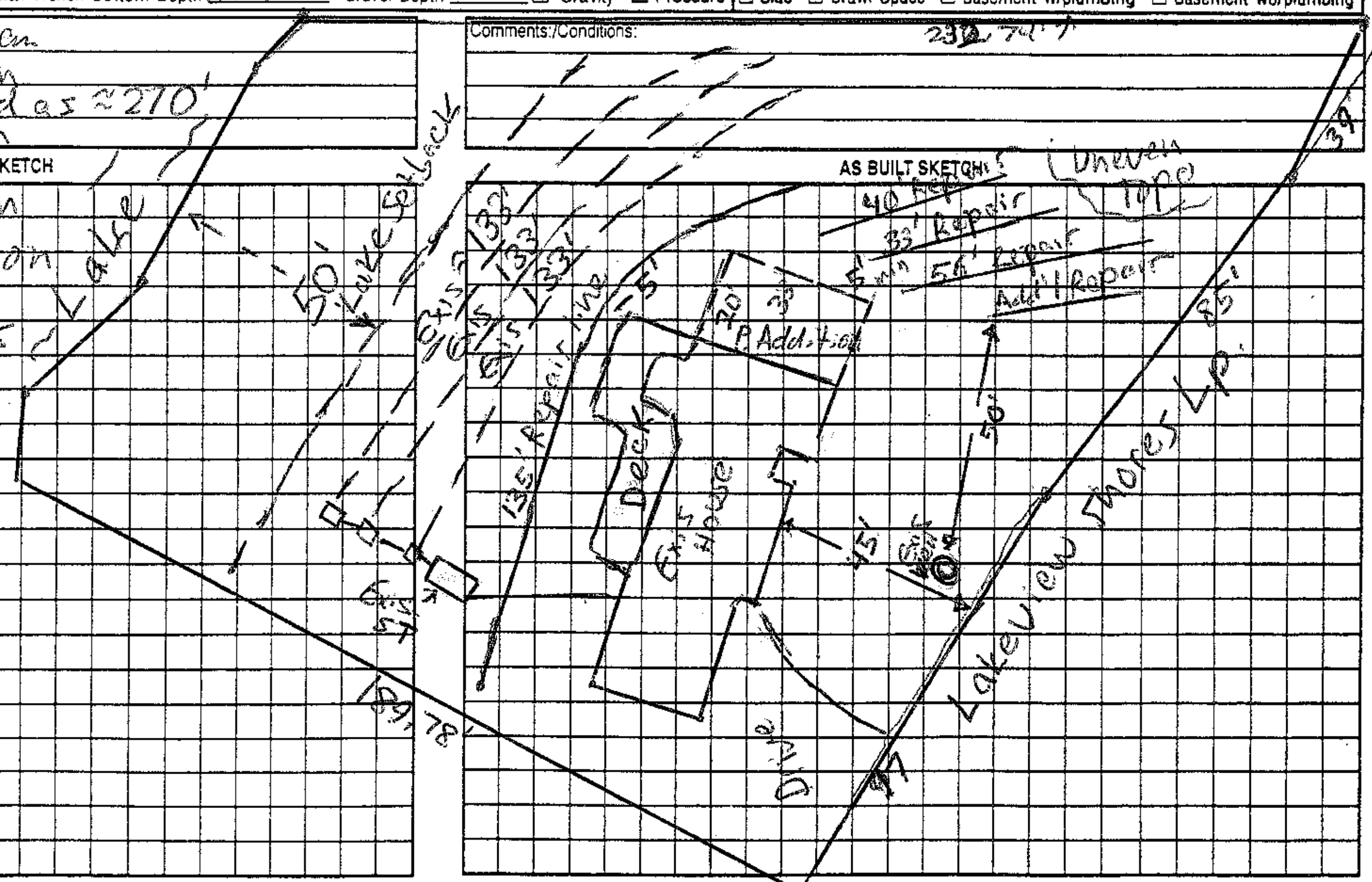
Comments:/Conditions: Existing Septic System shows no visible malfunction. Repair area redesignated as ≈270' LP Panel as shown

Comments:/Conditions:

INITIAL SITE SKETCH

current House is 3 Bedroom
adding proposed 1 Bedroom addition
for total of 4 bedrooms
Existing System suitable
for 4 Bedrooms.
See permit:
"Bannon Sangster"
6-29-89

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: [signature] date 3/19/08 Installed by: ______

Improvement Permit by: ______ date ______ Operation Permit by: ______ date ______

Authorization to Construct by: ______ date ______ Existing System Inspection by: Anthony Cole [signature] date 3/18/08

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