IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 150167

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

PIN # 4626-21-4247

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

SITE ADDRESS: 166 BARBER LOOP PHONE: 704-516-2344 ALT. PHONE:

SITE DIRECTIONS: BSR, CHUCKWOOD, 1ST BARBER LOOP, ON R

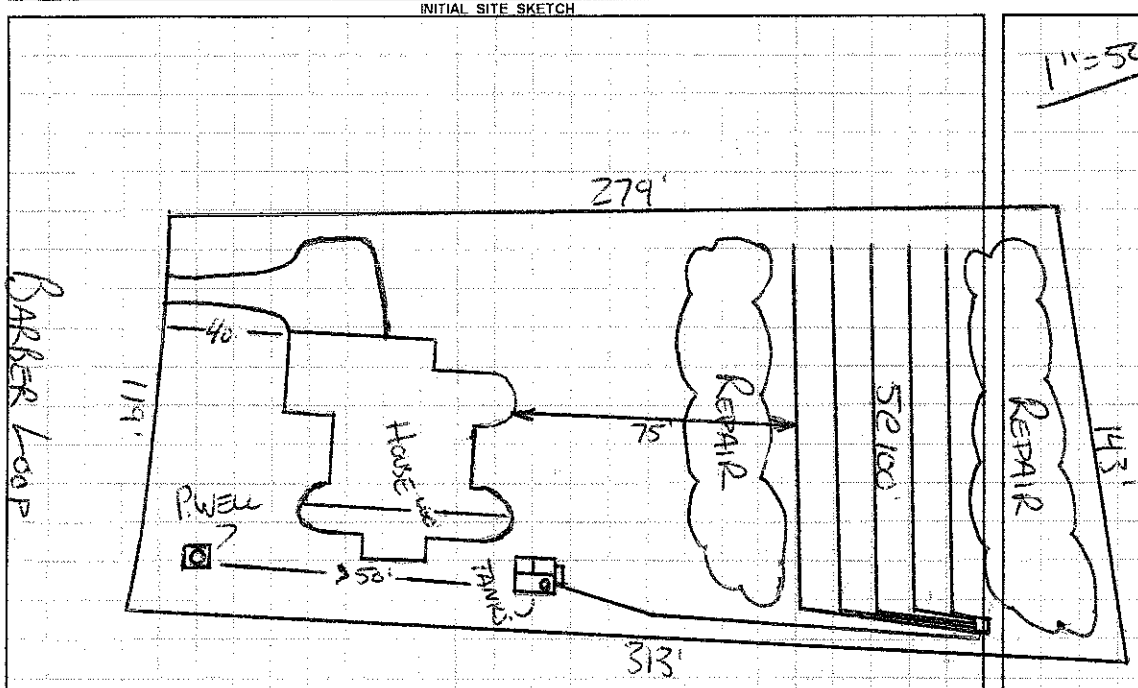
SUBDIVISION: WATERTREE LANDING SECTION: LOT # 94 LOT AREA: 1.87 AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank	1500	(gal)	STB 1014	Date	5-10-13	☒ New System	☐ Repair	☐ Expansion	System Type: I II III_B IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1500	(gal)	PT 46	Date		System Description:			PM - 25% RED	☐ Business	No. Persons
Pump Make	ZOELLER	Model	N-152	Serial #		Repair System Description:			LP PANEL BLOCK	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5@100'	Linear Ft:	500'	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: ① APPROX. 20" OF FILL WILL NEED TO BE REMOVED IF REPAIR IS INSTALLED

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

CHECKED LINES, TANKS, PM SET 2" PM 8-8-13 BA

CHECKED ELECTRICAL & ALARM BA

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: Date: 3-12-13 Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Date: 3-11-13 OPERATION PERMIT by: Date: 9-9-13

AUTHORIZATION TO CONSTRUCT by: Date: 3-11-13 Existing System Inspected by: Date:

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