UNTY HEALTH DEPARTMENT
NT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

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

Lake Luxury Homes (Mid Atlantic Custom Homes) PIN# 4626271370.000 DATE 5/28/08
3792 Mooresville NC 28117 PHONE: Business 704 2025568 Home
School Rd. TR Chucknood Rd TL Barber Lp on Rt.
Landing BLOCK / SECTION LOT 91 LOT AREA .8 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Tank: 1000 Gallons: STB 1042 Date 11-1-08
Pump Tank: 1000 Gallons: PT 11 Date 9-30-08
Pump Make Goulds Model WE03UM Serial No.
Nitrification Field: No Fields 1 Square Feet 540810 Linear Feet 270
No Lines 3@90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☑ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LPPPGP3
Repair System Description: Same
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments/Conditions: * Per plan Specs.
Use Inline filter in Pump Tank
Keep well min 50' from Tanks & min 25' from House

Comments/Conditions: 12/4/08 Checked tanks & lines
5/32" hole drilled
Installed as drawn
12/5/08 Set 2ft pressurehead

INITIAL SITE SKETCH

See Plan by Rollins Soil & Env Services Inc.

AS BUILT SKETCH

Flood & Alarm checked 3/19/09 AC
Maintenance agreement rec'd 3/20/09 AC

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: _____ date _____
Improvement Permit by: Anthony Cohen II date 5/28/08
Authorization to Construct by: Anthony Cohen II date 5/28/08

Installed by: Craig Thompson
Operation Permit by: Anthony Cohen II RS. date 3/19/09
Existing System Inspection by: _____ date _____

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