IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103183 PIN# 4627019166 Steve DATE 11/27/01

OWNER OR CONTRACTOR Richard & Tola Williams / Woodbury Homes PHONE: Business 309-0762 m. Home 664-4400

ADDRESS 7902 Viola St. Springfield, VA 22152

LOCATION 398 Lakeview Shores Lp. - Brawley School Rd TR Mckendree TR Lakeview Shores On left

SUBDIVISION ~~Lakeview Shores~~ BLOCK / SECTION B LOT ~~368~~ 292 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: Existing No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Grav. Conventional

Repair System Description: Pump - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

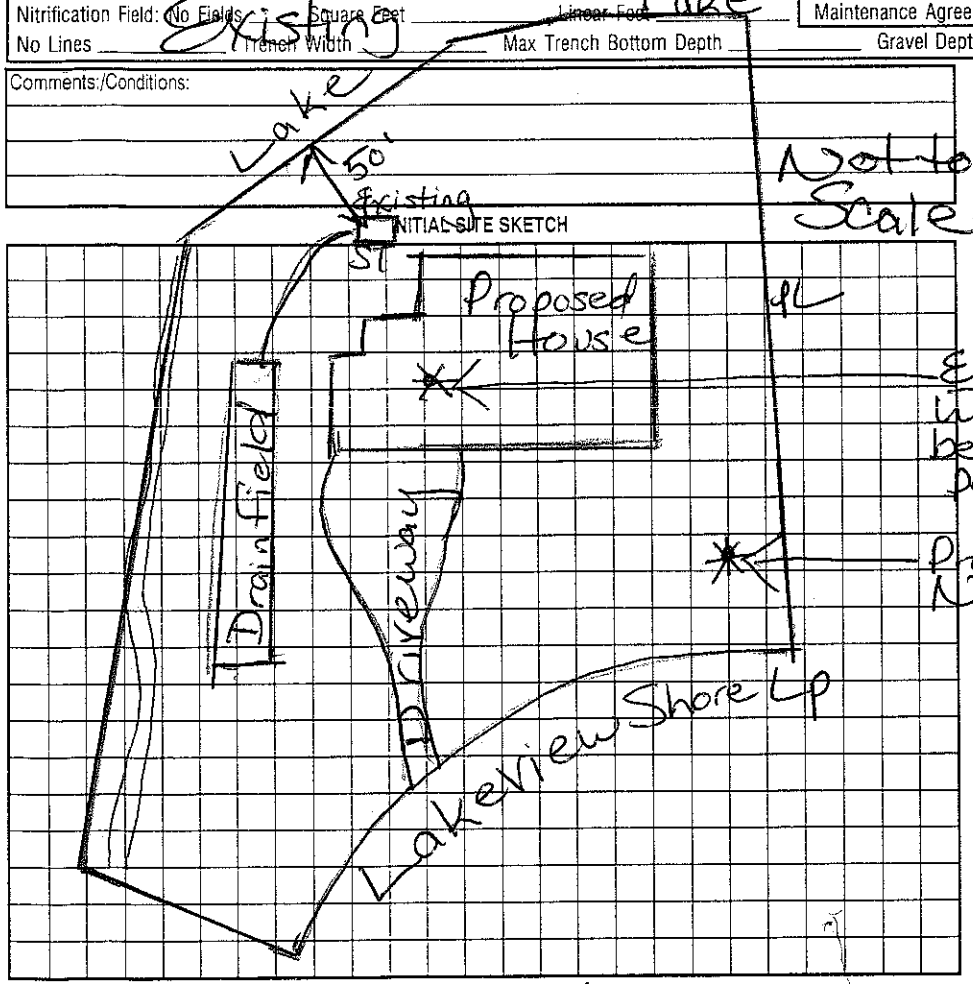
☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions: Existing Septic System appears to be Functioning Okay at time of inspection. Must keep house at least 5' from existing Septic System.

AS BUILT SKETCH

Repair done 3/30/95 For Wayne Willard

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: Stephen W. Brawley date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Dotson R.S. date 11/27/01 Existing System Inspection by: Maria H. Dotson R.S. date 11/27/01

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

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Repair DATE 3/30/95 TAX MAP NO. Repair Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Wayne F. Willard PHONE: Business _____ Home 664-6323

ADDRESS 398 Lakeview Shores Dr. Mooresville NC 28115

LOCATION Lakeview Shores Dr. Wellendorf (R) Lakeview Shores (L) Abbott (R) Lakeview Shores, 1 mile on (L) # 398

SUBDIVISION ~~Lakeview Shores~~ BLOCK / SECTION 8 LOT ~~291~~ 292 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 794 Kelley Date 3-8-95
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 120
No Lines 3 Trench Width 10' Max Trench Bottom Depth 45 Gravel Depth _____

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

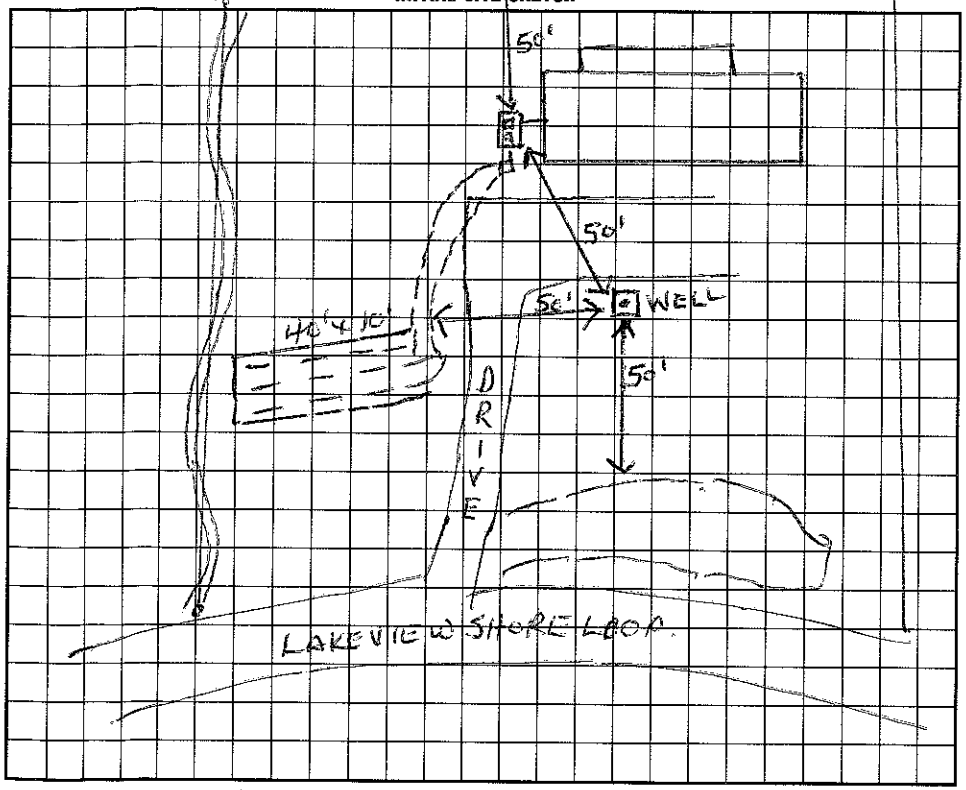
☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

Comments:

Comments: Installed As Shown

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: Wesley Sparks RS date 3/30/95

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: D Ezzell / D Robinson, RS date 4/19/95

Operation Permit by: _____ date _____

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