IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213784

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

PIN # 4627-10-1096

APPLICANT: HAUS BUILDERS INC. APPLICANT ADDRESS: PO BOX 3983 MOORESVILLE 28117

SITE ADDRESS: 492 LAKEVIEW SHORES PHONE: 704-622-5573 ALT. PHONE:

SITE DIRECTIONS: MCKENDREE, TR LAKEVIEW SHORES, TL ABBOT, TR LAKEVIEW SHORES, ON L

SUBDIVISION: CLT SECTION: 8 LOT # 271 LOT AREA: .77 AC DESIGN FLOW: 360 L.T.A.R.:

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model EXISTING Serial # ____
Nitrification Fields ____ # Lines ____ Linear Ft: ____
Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair ☐ Expansion System Type: I ☒ III IV V VI
System Description: GRAVEL
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☐ Residence ☐ Business ☒ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons ____ No. Employees ____ ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community ☒ Basement w/o plumbing

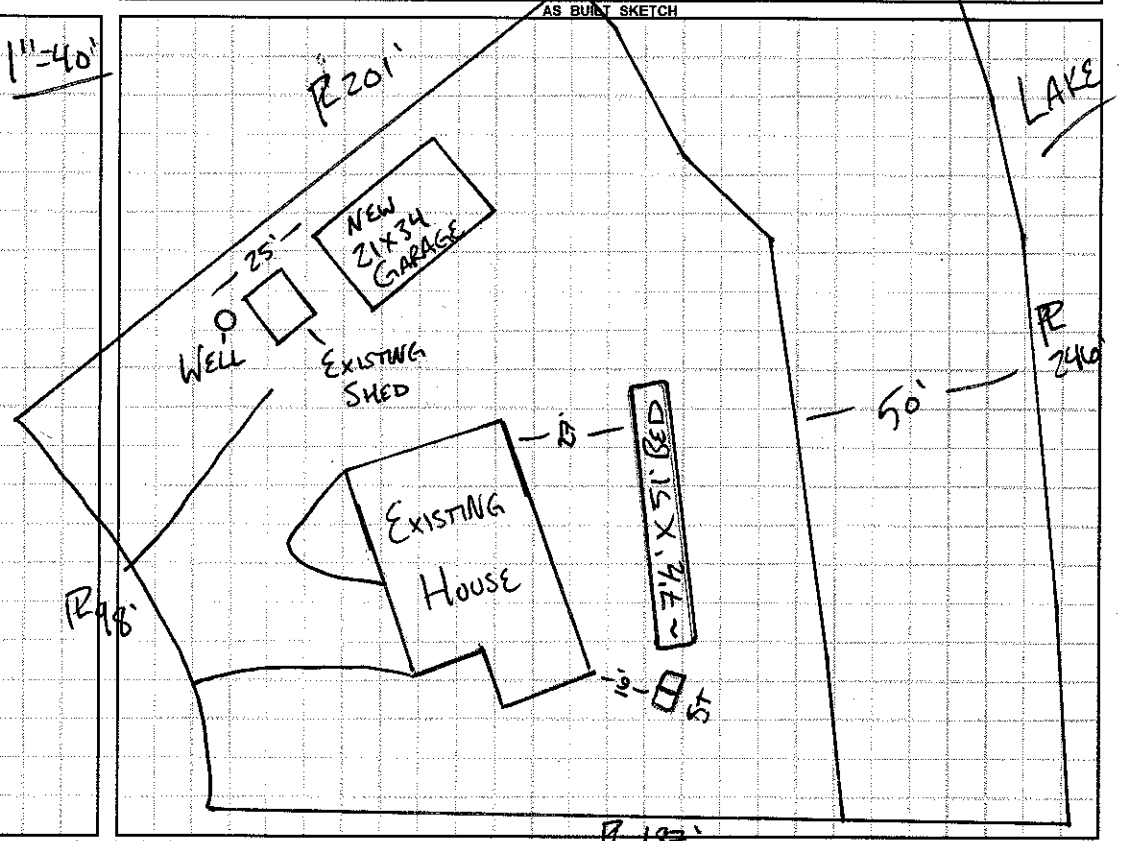
Comments / Conditions: NEW GARAGE MUST BE 25' FROM WELL. DO NOT SPRAY OR STORE CHEMICALS WITH IN 25' OF WELL.* NO PLUMBING IN GARAGE *

GARAGE

INITIAL SITE SKETCH

1"=40'

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. **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: 11/12/15 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: ____ APPROVED Date: OCT 27 2015

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