IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# N/A PIN# 4627 10 2387 DATE 8/24/05

OWNER OR CONTRACTOR Graham Greene & Frances Greene (Trustees) PHONE: Business _____ Home _____

ADDRESS 480 Lakeview Shores Loop Mooresville NC. 28117

LOCATION 1100 TR McKendree Rd. TR 1st LVS TL Abbott Ln TR LVS on (L) # 480

SUBDIVISION CL+T BLOCK / SECTION 8 LOT 273 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 160 Date 6/14/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6@50' Trench Width 3 Max Trench Bottom Depth 3

☐ New System ☒ Repair System Type: (I) II, III, IV, V, VI
System Description: _____
Repair System Description: 25% Reduced
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

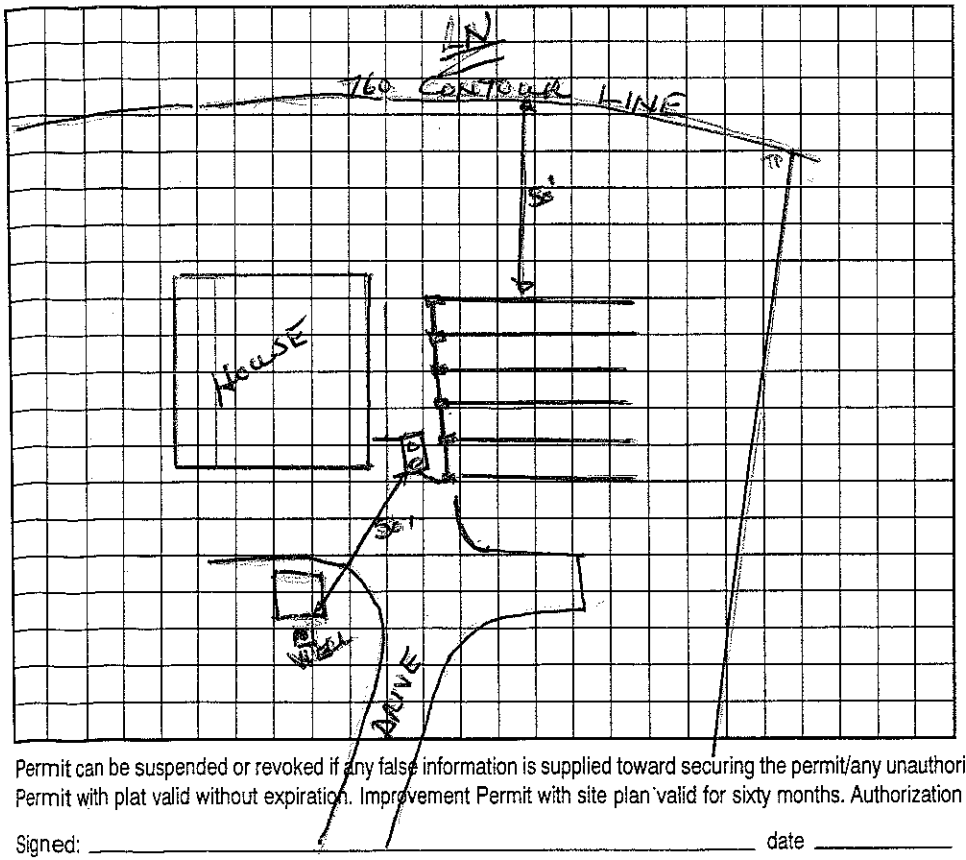
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions:

Installed as drawn

INITIAL SITE SKETCH



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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Leatherman

Operation Permit by: Wesley Sparks RS date 8/24/05

Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. 24418 DATE 8/15/96 TAX MAP NO. 2L 3A 273 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Dickson Greene PHONE: Business _____ Home 910-835-5999

ADDRESS P.O. Box 587 Mooresville NC. 28115

LOCATION Lakeview Rd, McKendree TR Lakeview TR ~~Abbott~~ TR Lakeview to # 480 on (L)

SUBDIVISION CL+T BLOCK / SECTION B LOT 273 LOT AREA Existing SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet Existing 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 System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

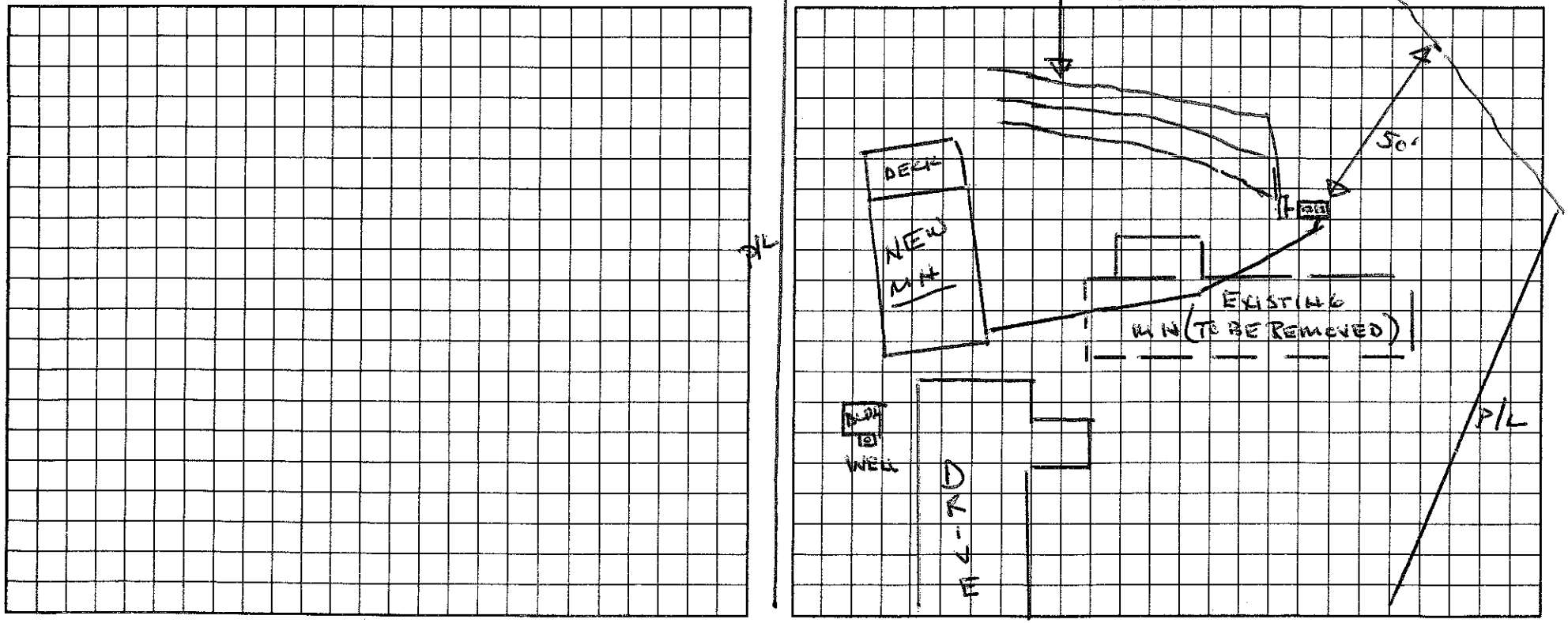
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

INITIAL SITE SKETCH

Comments:

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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

~~Certificate of Completion by:~~ Existing System: Wesley Sparks RS date 8/15/96

Operation Permit by: _____ date _____

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