IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139562 PIN# 4627219744 DATE 12-12-06

OWNER OR APPLICANT STEVE SCHNIEDER PHONE: Business _____ Home _____

ADDRESS 252 LAKEVIEW SHORES Ln, MOORESVILLE 28117

LOCATION BROWLEY SCH RD, RT MKENDREE, RT LAKEVIEW, HOUSE ½ MILE ON RT

SUBDIVISION CLT (LAKEVIEW SHORES) BLOCK / SECTION B2A LOT 332 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 480gpd L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____ ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☒ Expansion 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. Persons ____

☐ Business No. Employees ____

☐ Other _____

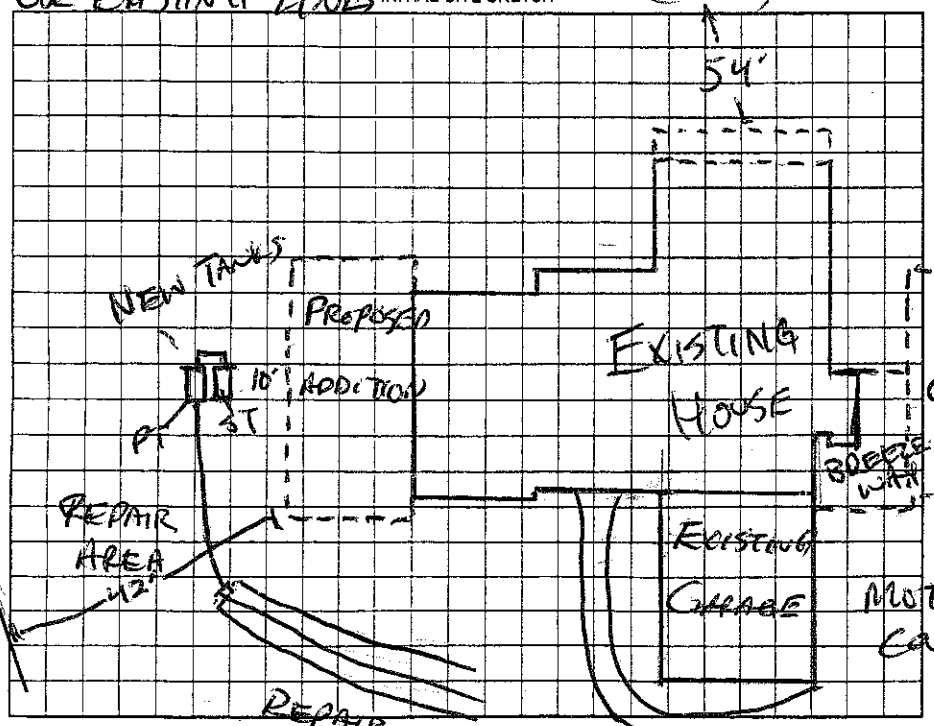
Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions: REMOVE EXISTING /OLD TANKS, DISPOSE OF PROPERLY - TIE SUPPLY LINE INTO EXISTING DISTRIBUTION DEVICE USING SCHEDULE 40 PRESSURE RATED PIPE

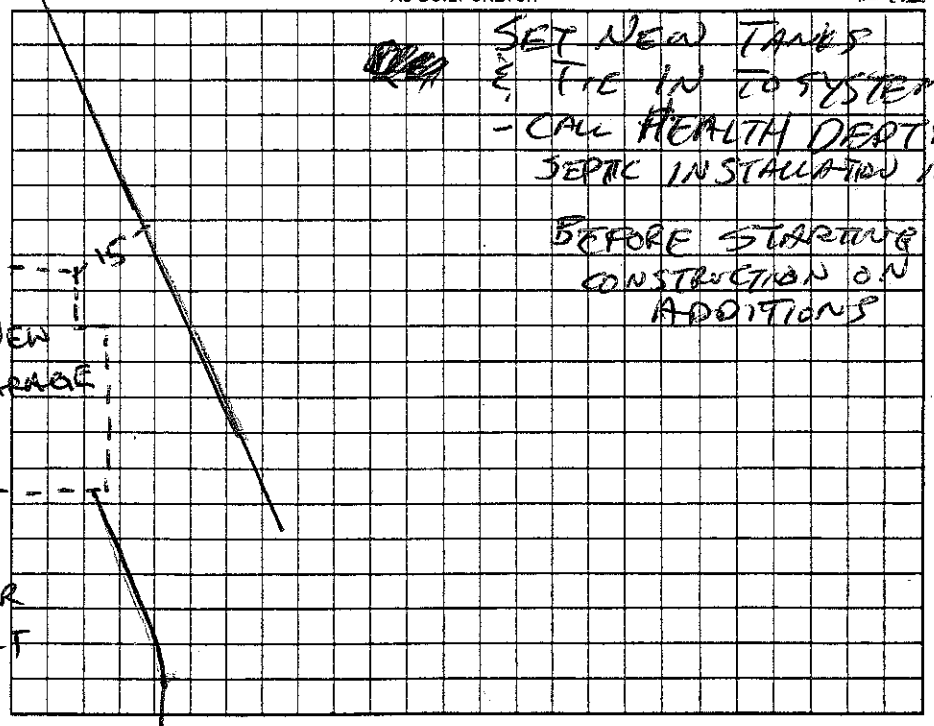
USE EXISTING LINES

INITIAL SITE SKETCH



Comments:/Conditions: NEW ADDITIONS DOES NOT HAVE BEDROOMS OR BATHROOMS - - MUST RESET PRESSURE HEAD BEFORE COMPLETE

AS BUILT SKETCH



SET NEW TANKS & TIE IN TO SYSTEM - CALL HEALTH DEPT FOR SEPTIC INSTALLATION INSPECTION BEFORE STARTING CONSTRUCTION ON ADDITIONS

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: Jason Wooten date 12/13/06 Installed by: _____

Improvement Permit by: [signature] date 12-12-06 Operation Permit by: _____ date _____

Authorization to Construct by: [signature] date 12-12-06 Existing System Inspection by: [signature] date 12-12-06

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