IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 216159

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

PIN # 4628-43-9109

APPLICANT: Lake Vision Development | APPLICANT ADDRESS: 2242 Longcove Court Sherrils Ford, NC 28673

SITE ADDRESS: 190 Plantation Drive Mooresville, NC 28117 | PHONE: 704-506-0807 | ALT. PHONE: 704-402-0463

SITE DIRECTIONS: River Highway West → Right onto Pinnacle Shores Drive → Left into Plantation Drive → Property/Residence @ end.

SUBDIVISION: Pinnacle Shores | SECTION: 1 | LOT # 72 | LOT AREA: 0.61 acres | DESIGN FLOW: 360 gal/day | L.T.A.R.: 0.30 [existing]

Septic Tank 1000 (gal) STB 312 Date 9-1-1995
Pump Tank 1000 (gal) PT 27 Date 9-15-1995
Pump Make ____ Model ____ Serial # ____
Nitrification Fields ____ # Lines ____ Linear Ft: ____
Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

EXISTING

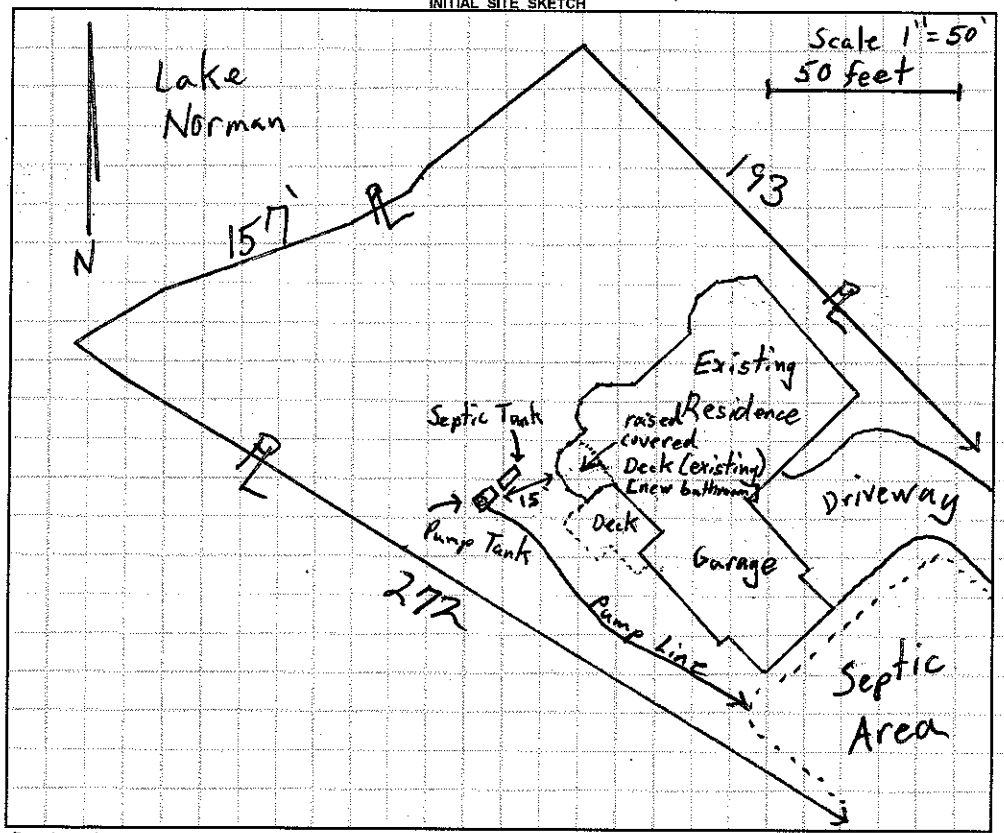
☐ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: Existing - LP Panel Block
Repair System Description: Existing - LP Panel Block
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: This document is for the deck/porch (raised) enclosure into a bathroom. At the time of the site visit on 2-8-16, a substantial amount of landscaping + grading had occured around the area of the septic tank & pump tank. Septic tank location unknown + likewise taken from original permit. Strongly recommend that all retainer walls + pavers be removed and any cover > 36" above septic or pump tanks be removed. Construction access shall be from far side of the house + NOT traverse sewage system.

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. **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: [signature] Date: 2/22/16 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: 2-16-16

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