DELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1309427 PIN# 4629535971 / 4629-54-8072 DATE 9-9-05

OWNER OR CONTRACTOR James McNeill PHONE: Business 704-677-2881 Home 704-322-4232

ADDRESS 159 Walnut Dr Unit Mooresville NC 28117

LOCATION State Park RD to Marion Lasmer to April Dr to Hawks Pt Drive 1st box left SPE on right

SUBDIVISION Lakeshore BLOCK / SECTION LOT 16, 16A LOT AREA 20,236 + 27,130 SF SITE CLASS. 23 DESIGN FLOW 480 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB 1000 Date 5-2-06

Pump Tank: 1000 Gallons; PT 374 Date 4-10-06

Pump Make: ? Model Ie-EH-F2M Serial No.

Nitrification Field: No Fields ___ Square Feet 990 Linear Feet 330

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Plane 1 Block

Repair System Description: same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

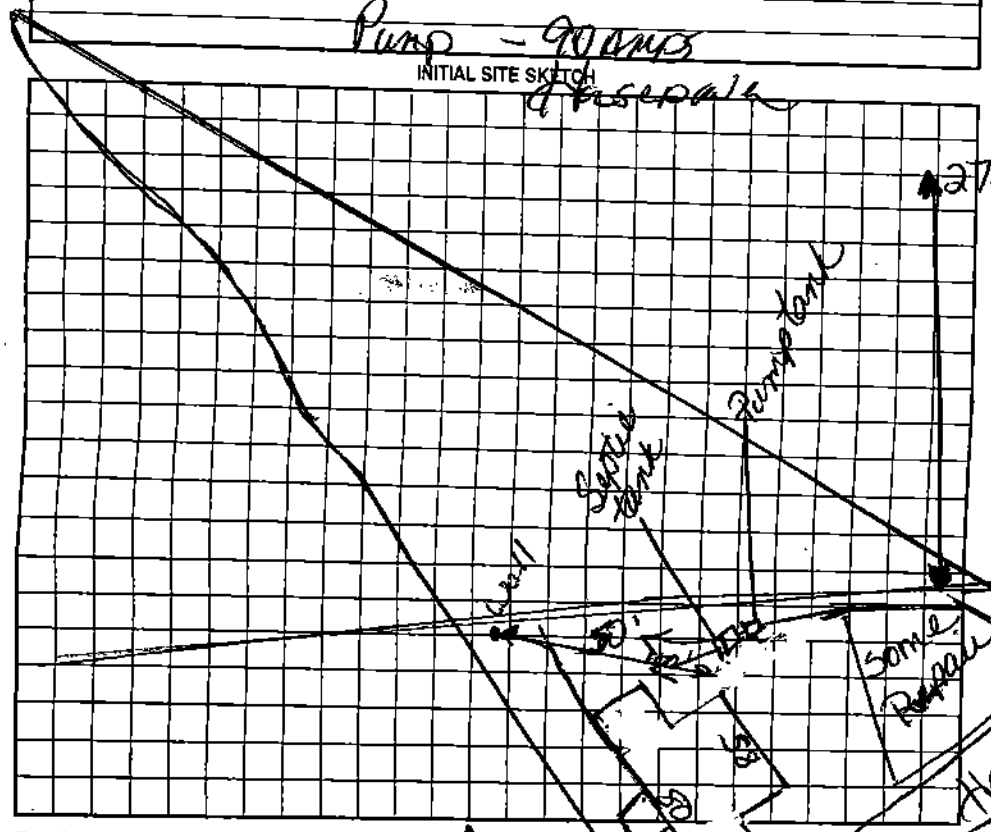
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

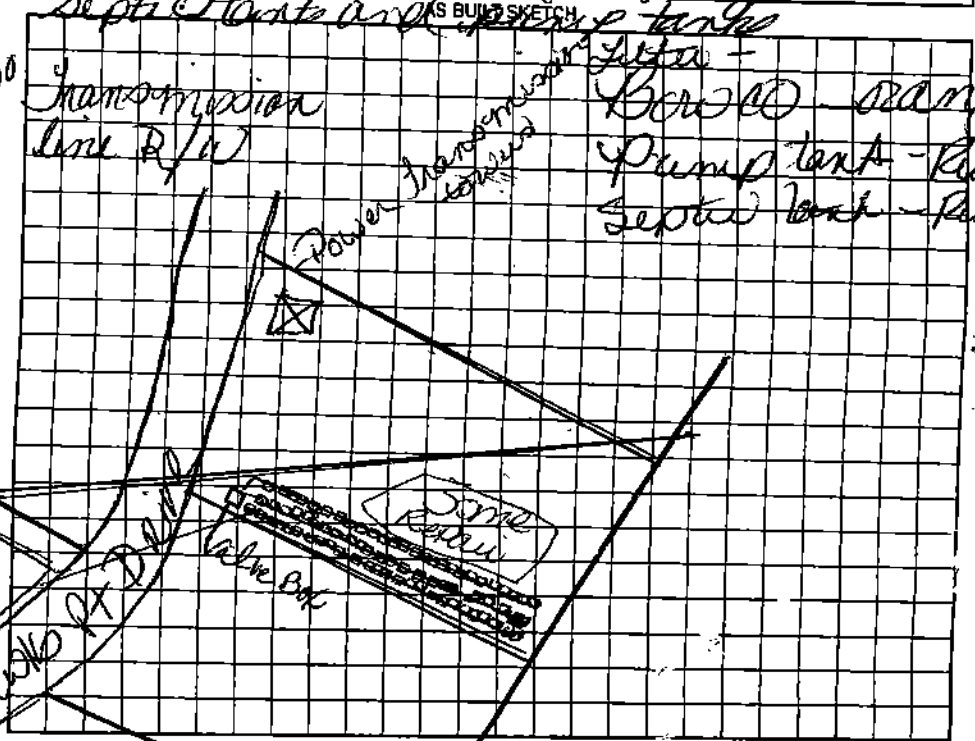
Comments:/Conditions: Maintain all set backs
Install on Contour
Pump - 90 amps
4 disposals

Comments:/Conditions: 12-12-05 - Checked soil can go within 50' — Add trim to ductile iron water supply line within 25' of septic tank and pump tank

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward ... 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: [signature] 9/15/05 date 9/15/05 Installed by: Abernathy

Improvement Permit by: [signature] date 9-13-05 Operation Permit by: [signature] date 1-20-06

Authorization to Construct by: [signature] date 9-13-05 Existing System Inspection by: ___ date ___

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