IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090322 PIN# 4634793979 4634-79-5817 DATE 7/24/2000

OWNER OR CONTRACTOR Robert Thomas PHONE: Business _____ Home 896-0059

ADDRESS 116 Sea Breeze Ln Mooresville NC 28117

LOCATION Alcove Rd TR Langtree TR Waterview TL Sea Breeze 1st on RT.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Acreage SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 180

No Lines 4 Trench Width 48" Max Trench Bottom Depth _____ Gravel Depth 12"

☐ New System ☐ Repair ☐ Existing Use (I, II, III, IV, V, VI)

System Description: Existing Conventional (Bed)

Repair System Description: Pump LPP - Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

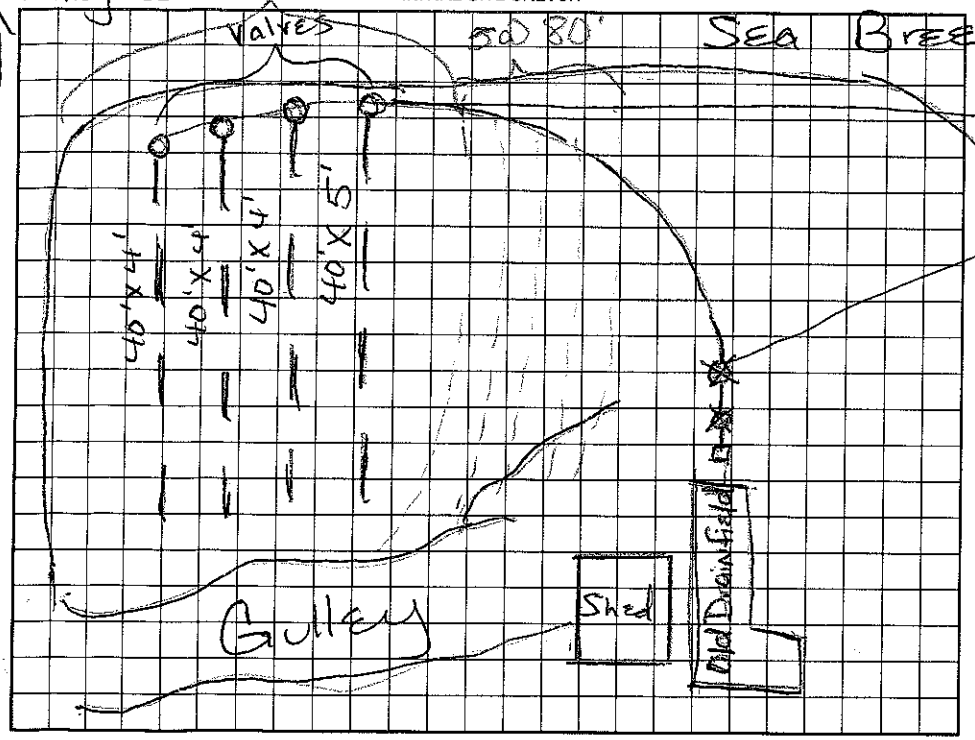
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

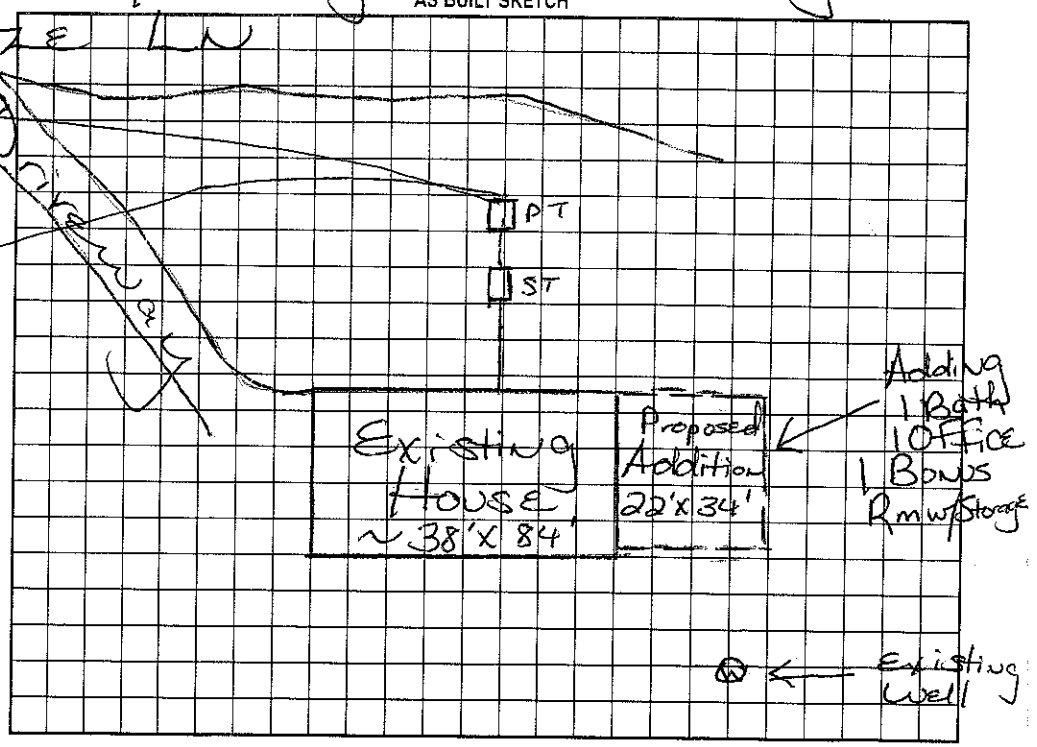
Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection. (Previous) problems with Pump Tank have been fixed.

Comments/Conditions: Repair installed 1992 for "Bill Mitchell" Upgrading to 3 Bedrooms / 3 Baths - adding Office & Bonus Room w/ Storage Area - Okay

INITIAL SITE SKETCH *Not to Scale



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 7-24-00 Installed by: Lake Norman

Improvement Permit by: Maria H. Dotson RS date 7/24/00 Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Dotson RS date 7/24/00 Existing System Inspection by: Maria H. Dotson RS date 7/24/00

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