IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 070165 PIN# ~~4634896788~~ ~~4634896788~~ 4634890922 DATE 4/15/98

OWNER OR CONTRACTOR ROBERT MATTICE PHONE: Business _____ Home _____

ADDRESS 760 LANGTREE RD - MOORESVILLE

LOCATION @ 1155 - TR LANGTREE - CROSS I77 - ON RT B4 2nd LAKESHORE DRIVE

SUBDIVISION LAKEVIEW SHORES BLOCK / SECTION _____ LOT 24 LOT AREA - SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 744 Date 1/11/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 225 Linear Feet 75
No Lines 4@19 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CHAMBERS OR HDS
Repair System Description: NOT REQUIRED
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

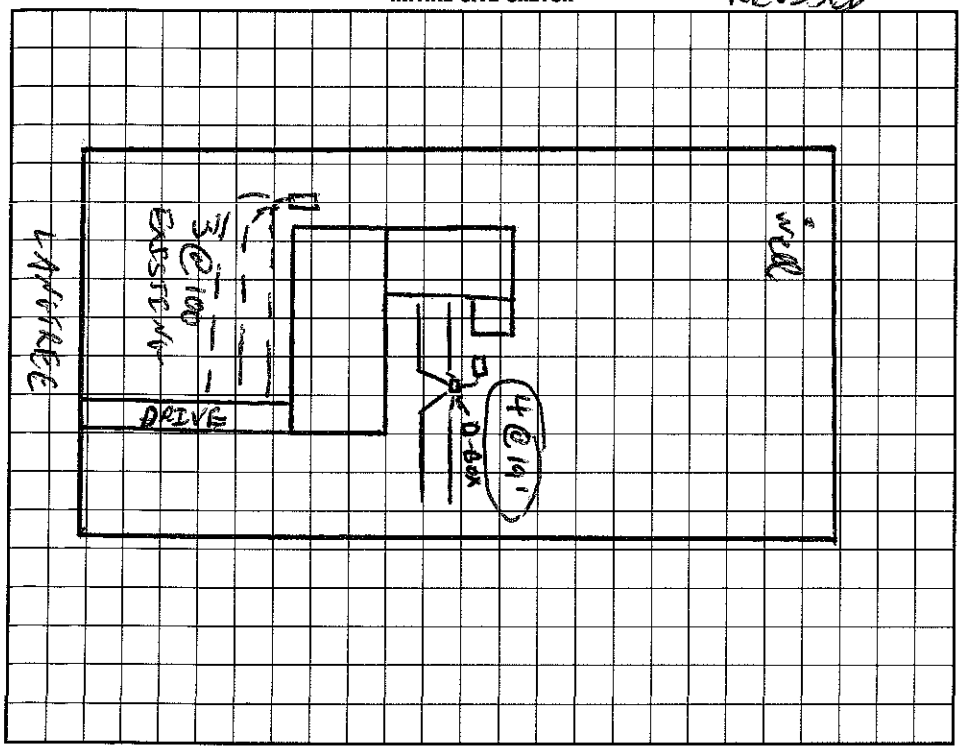
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: PERMIT CHANGED FROM ORIGINAL BECAUSE ADDITIONAL ROOM WAS ADDED.

Comments:/Conditions:

INITIAL SITE SKETCH REVISED



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. 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 _____ Installed by: LARRY BEAM

Improvement Permit by: _____ date 4/15/98 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 4/15/98 Existing System Inspection by: _____ date 4/24/98

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