IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127954 PIN# 4635 36 6418 DATE 10/12/06

OWNER OR APPLICANT Keitha Wendy Edgington PHONE: Business 704-799 9387 Home

ADDRESS 107 Beachview Dr Mooresville, NC 28117

LOCATION 1100 Ty Lake of Pines TR Beachview Dr. on (L) off cul-de-sac #107

SUBDIVISION Lake of Pines BLOCK/SECTION 1 LOT 31+32 LOT AREA .942AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120

No Lines 2@60' Trench Width 3' Max Trench Bottom Depth 3'

☐ New System ☐ Repair ☒ Expansion System Type: (I) II III IV V VI

System Description: 25% Reduced

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

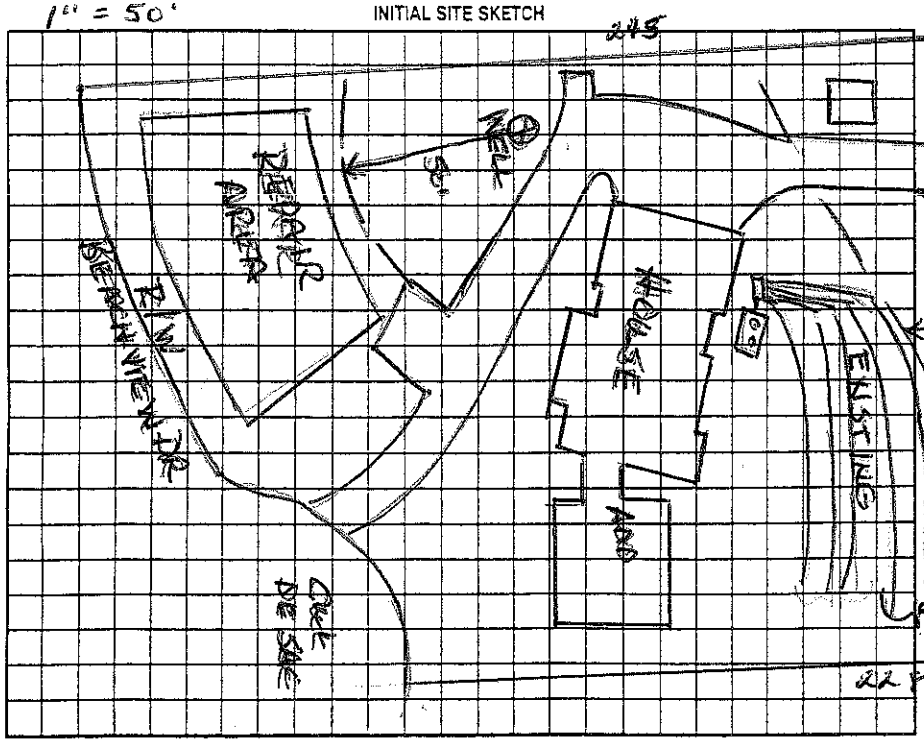
Gravel Depth NA ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: (1) Need to have Disturbation Boy
(2) Add 120' of 25% Reduced Drainfield
(3) Properly connect all lines to new Dist Box

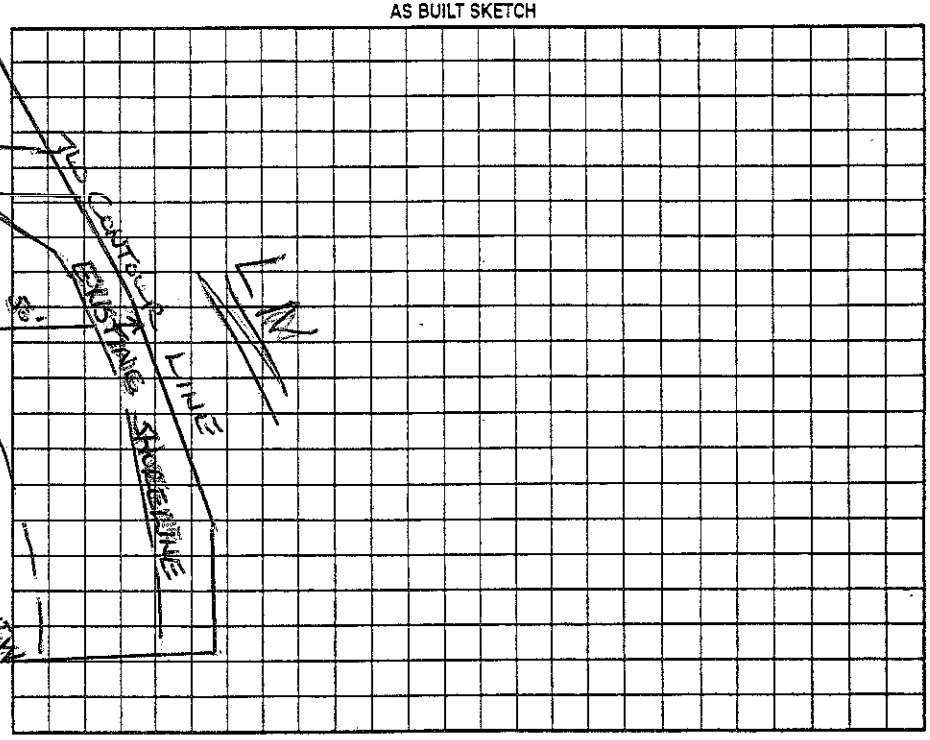
Comments/Conditions:

1" = 50'

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. 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] date 10/13/06

Improvement Permit by: Wesley Sparks RS. date 10/12/06

Authorization to Construct by: Wesley Sparks RS. date 10/12/06

Installed by: Richard Abernathy

Operation Permit by: [signature] date 1/31/07

Existing System Inspection by: ____ date ____

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