IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133476 PIN# 4635 36 9733 DATE 3/2/06

OWNER OR APPLICANT STEPHEN & KATHLEEN LUC PHONE: Business _____ Home 704 582 1355

ADDRESS 583 ISLE of PINES RD MOORESVILLE, NC 28117

LOCATION BRAWLEY SCHOOL RD ⓓ ISLE of PINES ⓓ LOT 583 ISLE of PINES RD

SUBDIVISION ISLE of PINES BLOCK / SECTION 1 LOT 2 LOT AREA .53 ACRES SITE CLASS. _____ DESIGN FLOW 360 GPD L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet EXISTING Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

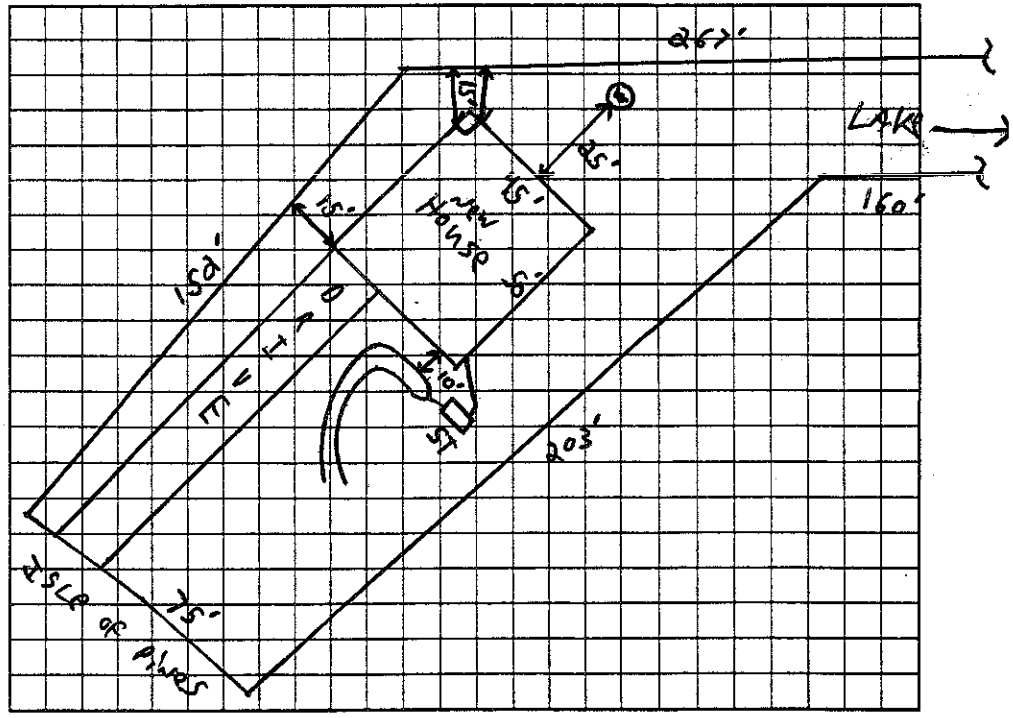
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

Comments/Conditions: EXISTING 3-BEDROOM HOUSE WILL BE REMOVED FOR CONSTRUCTION OF NEW HOUSE. SYSTEM FUNCTIONING AS DESIGNED.

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: Kathleen Luc date 3/3/06

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: [signature] date 3/2/06

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