IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123660 PIN# 4635390741

OWNER OR CONTRACTOR Mark & Pam McCollum Pam's Cell PHONE: Business 363-5377 Home 924-4030 DATE 9-17-04

ADDRESS 113 Lake Hills Drive Mooresville, NC 28117

LOCATION Brawley School Rd TL Isle of Pines

SUBDIVISION Lake Hills Est BLOCK / SECTION ____ LOT 3 LOT AREA .71 Acre SITE CLASS PS DESIGN FLOW 450gpd L.T.A.R. .3

Existing

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

Existing

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

System Description: Gravity - 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

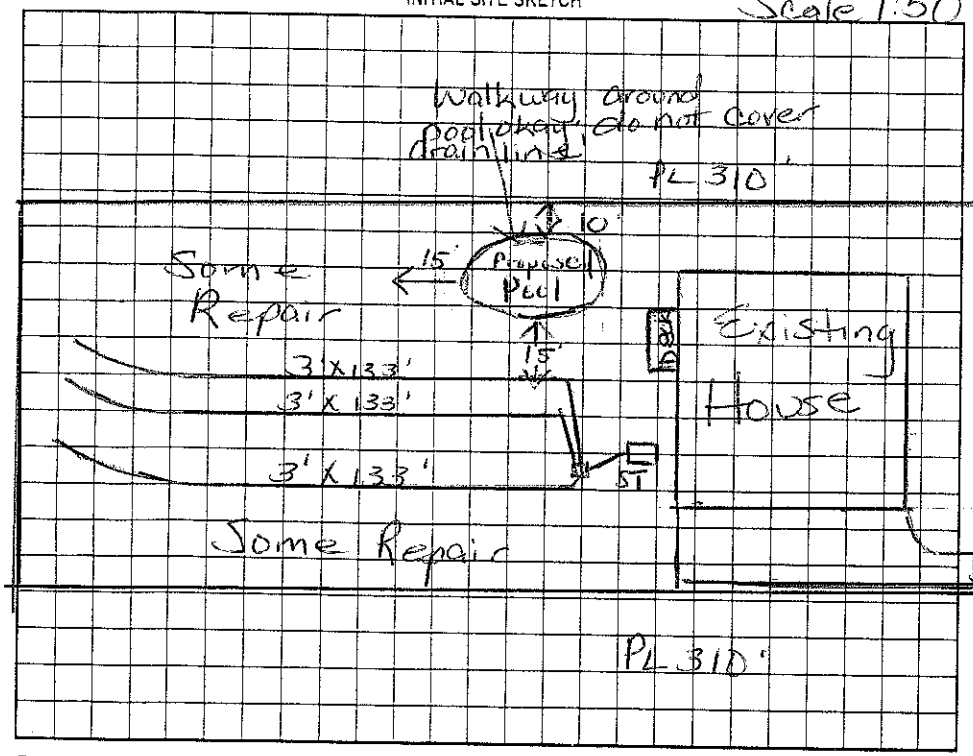
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

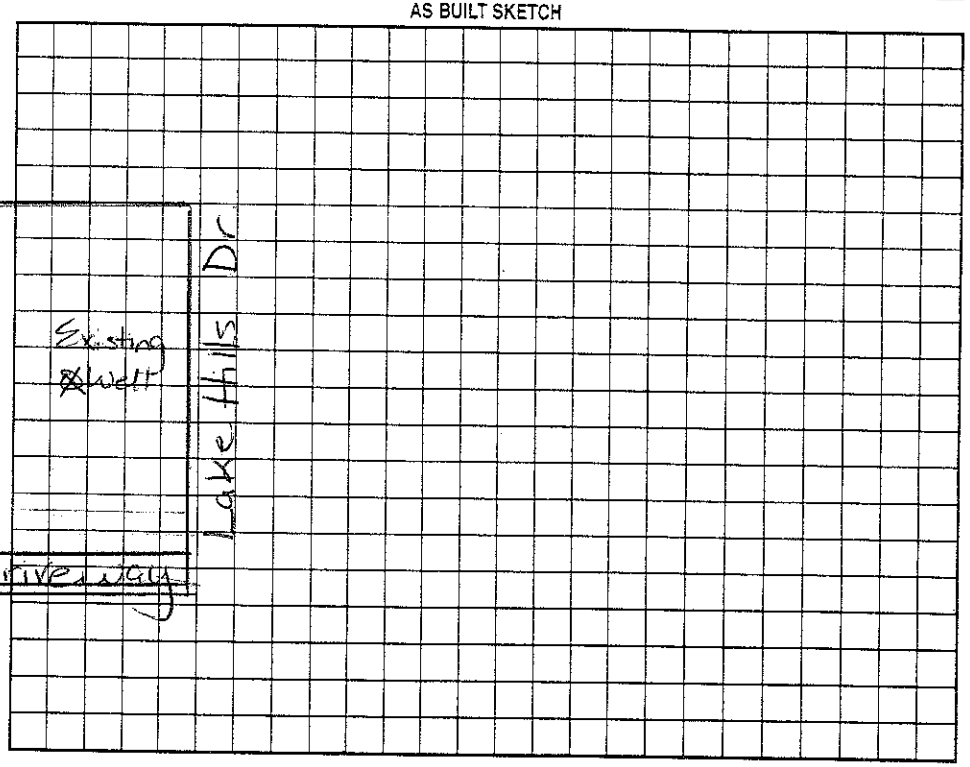
Comments:/Conditions: Proposed pool (cut) must be at least 15' from drainfield; walkway should not cover drainfield.

Comments:/Conditions: * Plastic Chambers were installed

INITIAL SITE SKETCH Scale 1:50



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 02/16/05 Installed by: ____

Improvement Permit by: Maina Tolson RS date 9/17/04 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maina Tolson RS date 9/17/04

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