IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212687

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

PIN # 4635-39-4336.000

APPLICANT: Stacy + Mike Fox APPLICANT ADDRESS: 115 Cabana Dr.

SITE ADDRESS: 115 Cabana Dr. Mooresville NC 28117 PHONE: 315-439-1174 ALT. PHONE: 704-774-0648

SITE DIRECTIONS: BSR, TL Isle of Pines, TL Lake Hills, TR Cabana Dr, Site on L

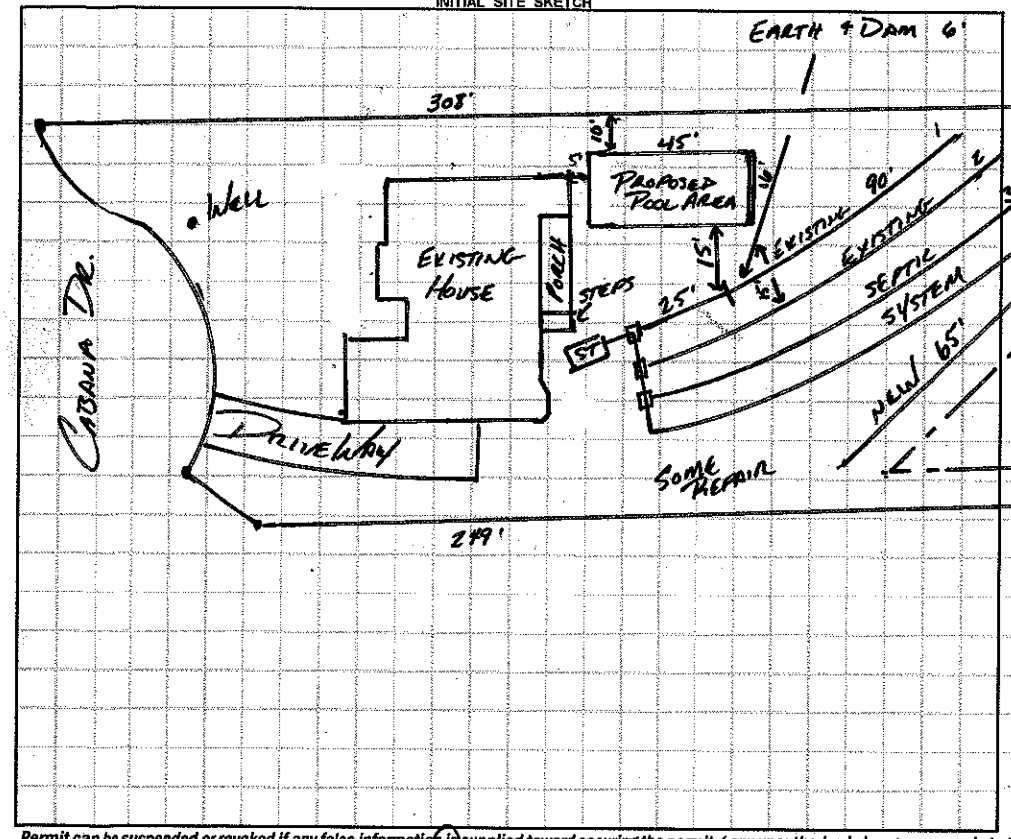
SUBDIVISION: Lake Hill Estates SECTION: LOT # 9 LOT AREA: .700 Acre DESIGN FLOW: 480 GPD. L.T.A.R.: .3

Septic Tank	Existing	(gal)	STB		Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT		Date	System Description: 25% Reduction - Gravity		☐ Business	No. Persons	8	☒ Private
Pump Make		Model			Serial #	Repair System Description: LP-PP18PS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	1 @ 65'		Linear Ft: 65'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

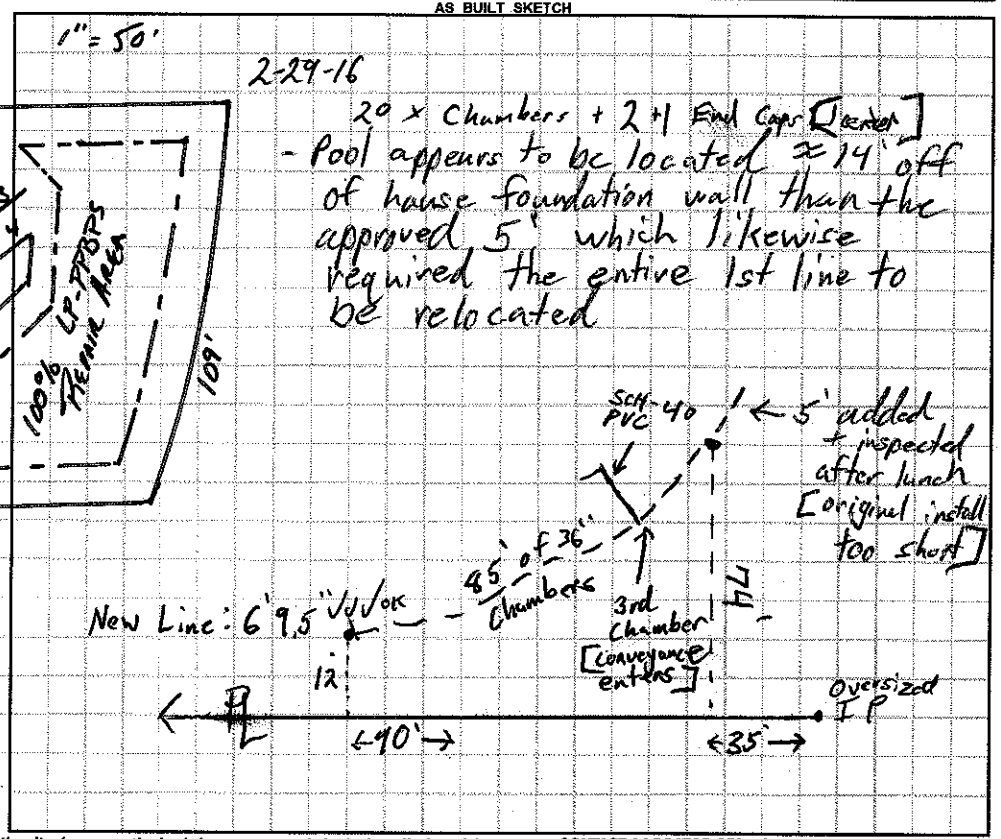
Comments / Conditions: Earth + Dam 1st Existing Septic Line To Make 25' length on Line 1. Hook onto Line 4 with endcap distribution and Install a New 65' Line with 25% Reduction Material.

Maintain 15' with septic to Proposed Pool Area. Remove Steps on Porch to make Tank 5' from Building Structures, or move Tank Accordingly.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Stacy Fox Date: 9/18/15 Installed by: Wayne Orbison

IMPROVEMENT PERMIT by: APPROVED SEP 17 2015 OPERATION PERMIT by: Tom Shuck Date: 2-29-16

AUTHORIZATION TO CONSTRUCT by: Date: SEP 17 2015 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK