Site address: → 107 Cabana Dr. – Mooresville

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~075215~~ 117406 PIN# ~~4636307807~~ ~~4635-39-4609~~ 4635-39-4527 DATE 11/17/03

OWNER OR CONTRACTOR MARK DOLL PHONE: Business 202-5348 Home

ADDRESS UMBERGER RD CLEVELAND NC 27013

LOCATION BRAWLEY SCHOOL - TL ISLE OF PINES - TL LAKE HILLS DR. - JUST PAST INTERSECTION W/ CABANA DR.

SUBDIVISION LAKE HILLS ESTATES BLOCK / SECTION I LOT 7 LOT AREA .69AC SITE CLASS. PS DESIGN FLOW 460GPD L.T.A.R. .36GPD/ft²

Septic Tank: 1000 Gallons; STB 825 Date 2/1/04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

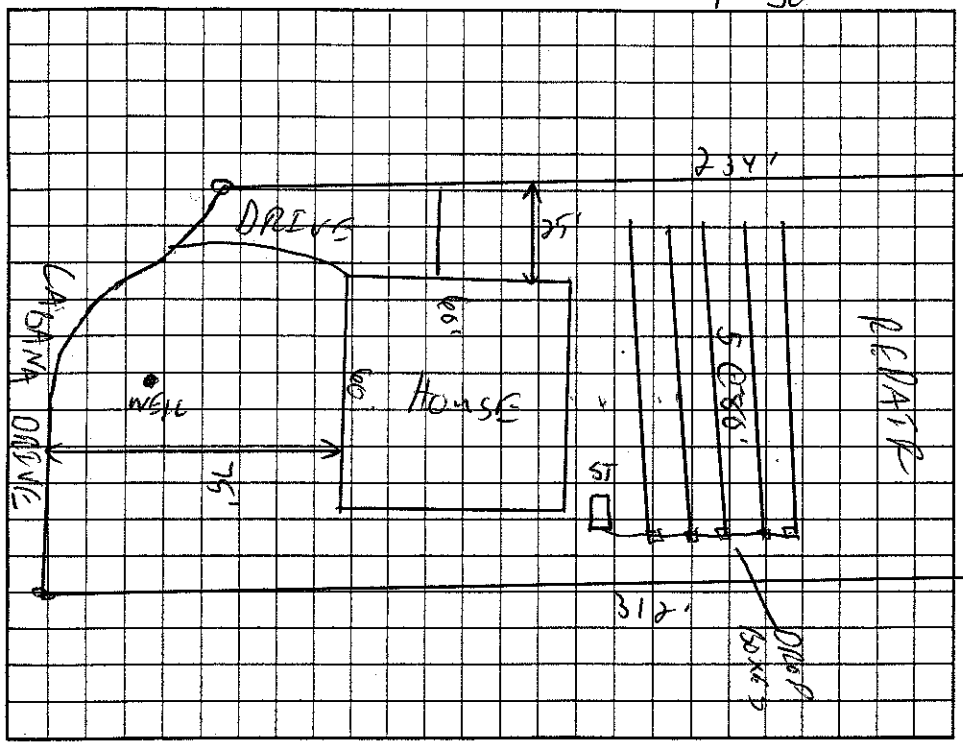
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

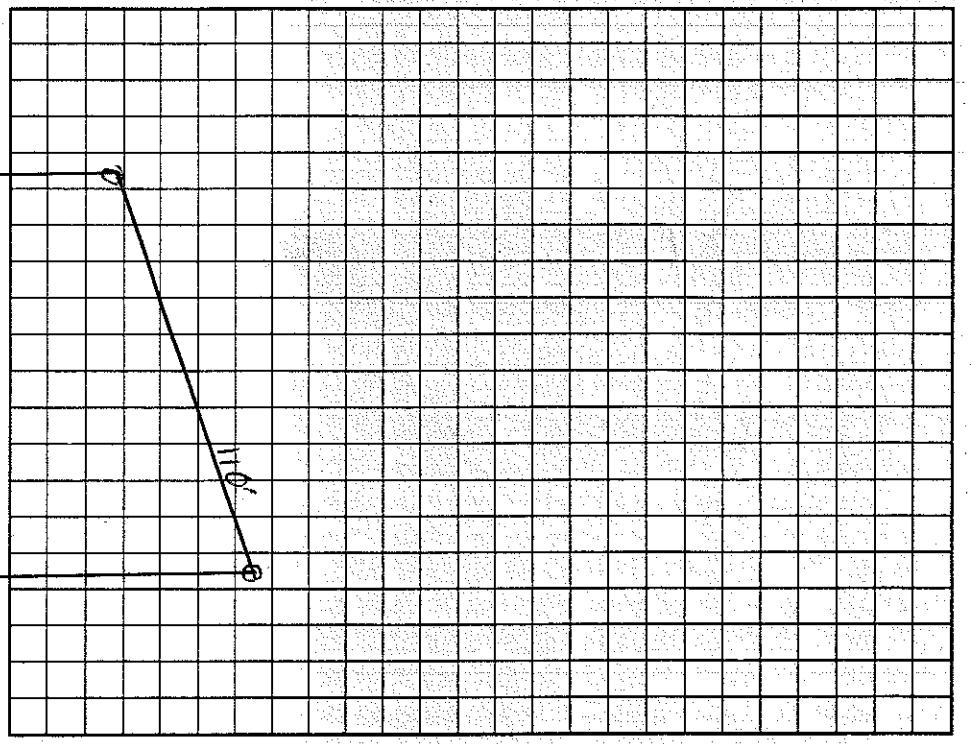
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 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 11/18/03

Improvement Permit by: C. [signature] RS date 11/17/03

Authorization to Construct by: C. [signature] RS date 11/17/03

Installed by: Rowan Septic

Operation Permit by: [signature] RS date 4/15/04

Existing System Inspection by: ____ date ____

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