IREDELL COUNTY HEALTH DEPARTMENT

Repair

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

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

PERMIT# Repair PIN# N/A 4635 80 0576 DATE 5/1/2000

OWNER OR CONTRACTOR William Parker PHONE: Business _____ Home 892-8272

ADDRESS 290 Lake Shore Dr Mooresville NC

LOCATION Langtree TR Lakeshore Dr TL Aqua TL Lakeshore on right, 290 Lakeshore Dr.

SUBDIVISION Lake View Shores BLOCK / SECTION C LOT 12 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360gpd T.A.R. .3

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: 1000 Gallons: PT 283 Date 4/15/00

Pump Make: Hydroquip Model 3K50A1 Serial No. 2-00

Nitrification Field: No. Fields 1 Square Feet 810' Linear Feet 270'

No. Lines 3 at 90' ea Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: ~~Pump~~ Gravity Convent.

Repair System Description: Pump-PM-Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

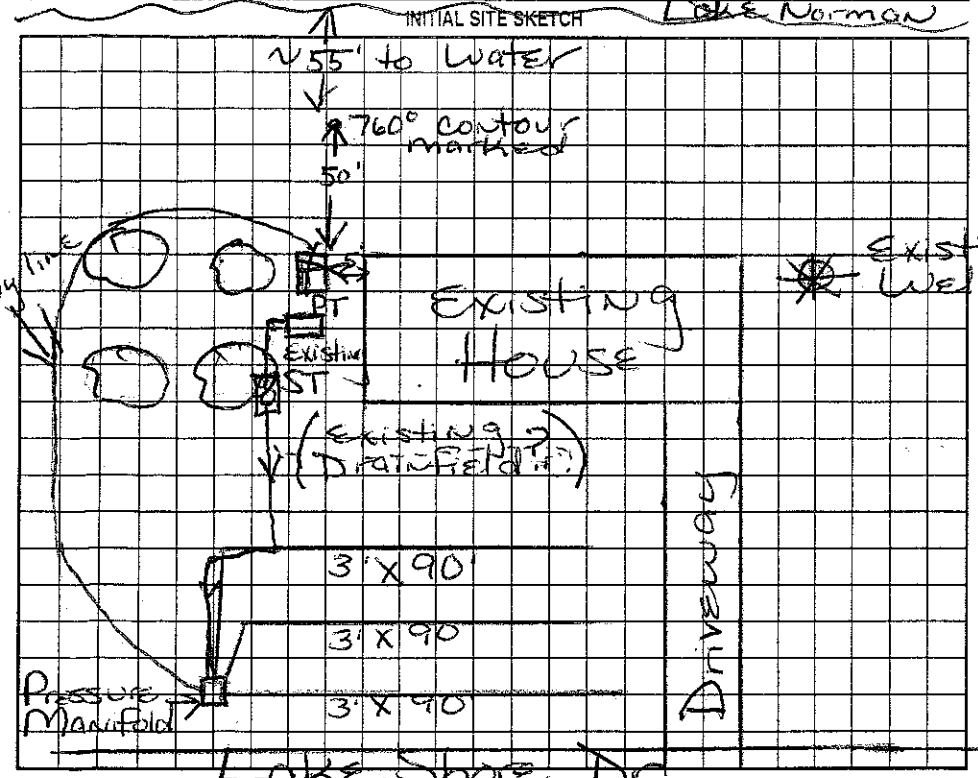
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

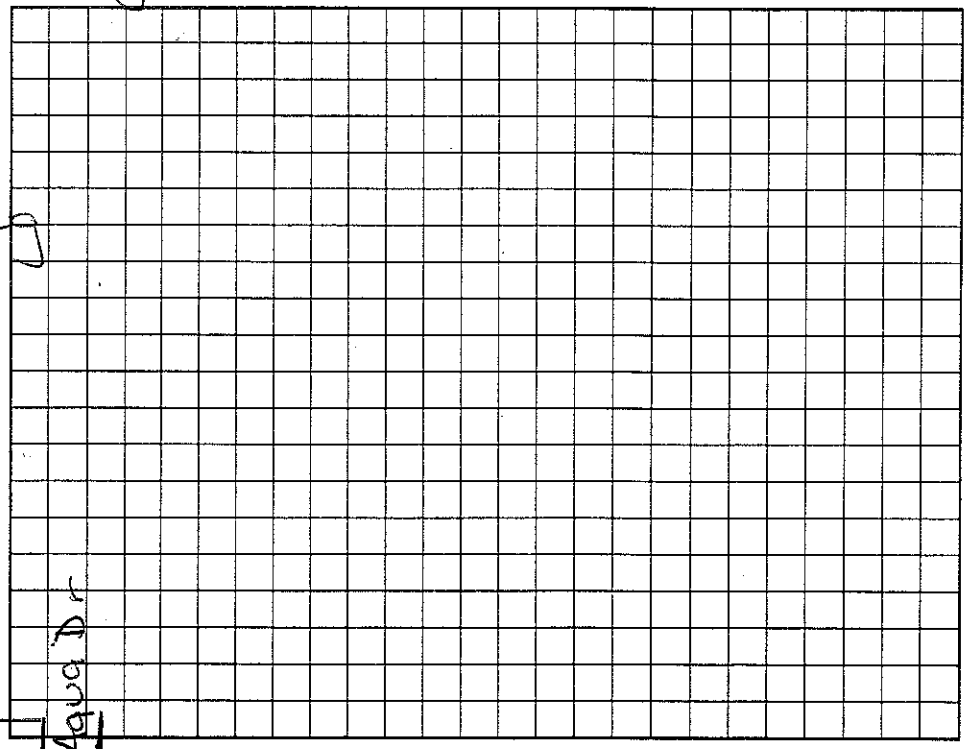
Comments:/Conditions: Install Pump tank & pump to Pressure Manifold with 3-90' (Conventional lines) 10' from PL. Stay 50' from well.

Comments:/Conditions: ~~Note:~~ Very tight spot to fit tank, okay to change location if needed but keep 50' from 760' contour. Stay out of Road ROW.

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: X William D. Parker date _____ Installed by: Onbrison Const.

Improvement Permit by: Maria H. Dotson RS date 5/1/2000 Operation Permit by: Wesley Sparks RS. date 6/19/00

Authorization to Construct by: Maria H. Dotson RS. date 5/1/2000 Existing System Inspection by: _____ date _____

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