IREDELL COUNTY HEALTH DEPARTMENT

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

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

3500 Fa. 9 11/

PERMIT# 11,560 PIN# 4635-81-6145

OWNER OR CONTRACTOR Jason Fortune PHONE: Business _____ DATE 7/1/04

ADDRESS 7427 Palmetto Rock Ct. Charlotte NC 28226 Home 704-241-8154

LOCATION Longtree TR 22 Keaton 4, on Lt just past Viewpoint Ln.

SUBDIVISION Lakewood Shores BLOCK / SECTION O LOT 1 LOT AREA 0.854c SITE CLASS FS DESIGN FLOW 360 L.T.A.R. 0.155

Septic Tank: 1000 Gallons; STB 312 Date 12-15-05

Pump Tank: 1000 Gallons; PT 24 Date 12-23-05

Pump Make: Geotek Model LVF0312VBU Pump No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

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

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

System Description: Fortreatment LPP

Repair System Description: DONE - Deeded Rock to

Maintenance Agreement Required: ☒ Yes ☐ No 1993

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ___

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

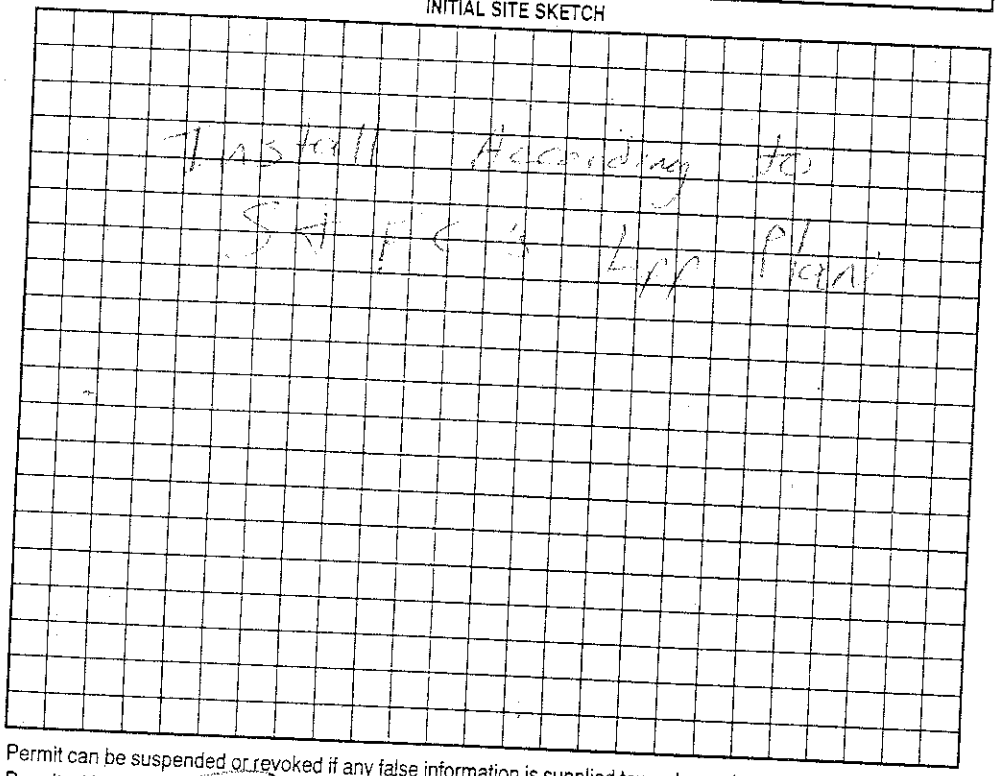
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: STG 1-PT Checked 2/15/06 mg

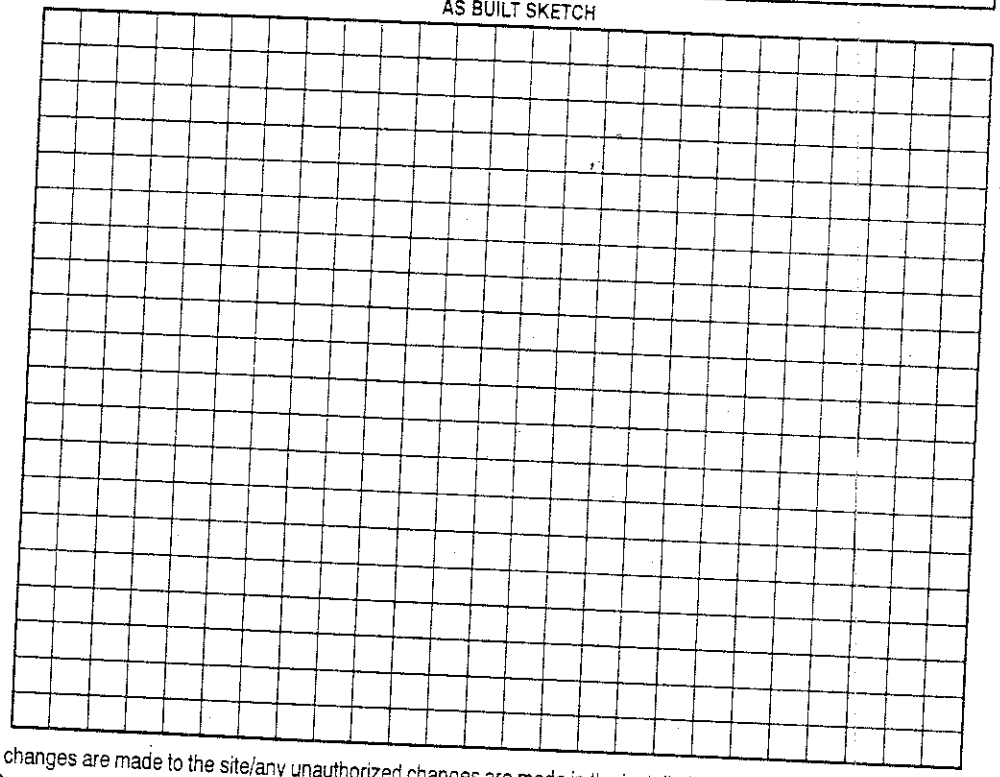
Comments/Conditions: Filter installed

Site may have been Compacted during construction - Gm 3/8/06.

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: _____

Improvement Permit by: _____ RS date 7/1/04

Authorization to Construct by: _____ RS date 8/16/05

Installed by: R&H date 8/12/04

Operation Permit by: _____ RS date 3/14/06

Existing System Inspection by: _____ date _____

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