IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216624

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

PIN # 4635-81-9193

APPLICANT: William O'Connell APPLICANT ADDRESS: 20210 Rainbow Circle Cornelius NC 28031

SITE ADDRESS: 221 Lakeshore Dr Mooresville NC 28117 PHONE: 704-904-5612 ALT. PHONE: 704-904-5012

SITE DIRECTIONS: Langtree W T/R Lakeshore, site on left

SUBDIVISION: Lakeview Shores SECTION: 2-B LOT # 17 LOT AREA: — DESIGN FLOW: 360 L.T.A.R.: 12

Septic Tank 1600 (gal) STB 756 Date 8/15/16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 7 Linear Ft: 450'
Trench Width 36" Max. Trench Bottom Depth * 19" Lowside Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction Exempt
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

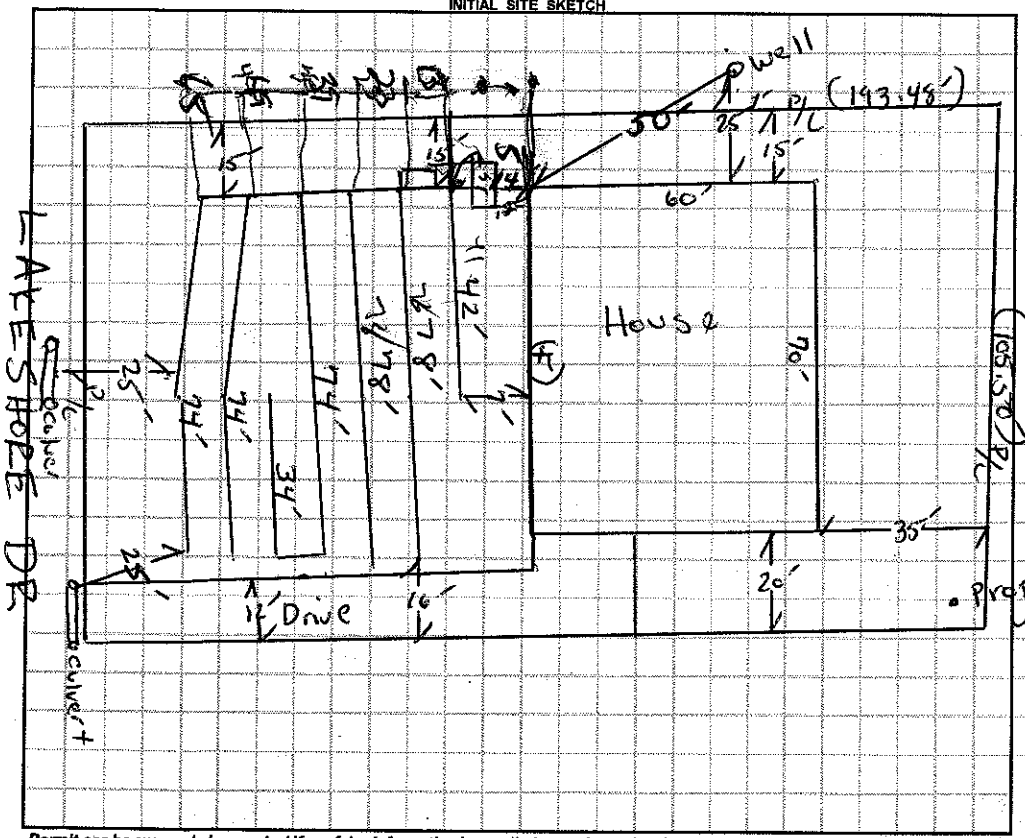
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: maintain 25' from Drainage 15' from overhead powerline 10' from crawl space foundation 50' from any well

* Property Line set back is 5' with septic *

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: William O'Connell Date: 10-26-16 Installed by: Groundsystem

IMPROVEMENT PERMIT by: Shane Cashion Date: 03/13/16 OPERATION PERMIT by: W Speir Date: 10/25/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/24/16 Existing System Inspected by: Date:

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