IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 150.00 Paid 1/30 MOORESVILLE 704-664-5281

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

PERMIT# 110971 PIN# ~~4635-82-9255~~ ~~4635-70-7598~~ DATE 2/27/03

OWNER OR CONTRACTOR William Lyons PHONE: Business 4635829255 Home 704-895-2602

ADDRESS 178 Lakeshore Dr Mooresville NC 28117

LOCATION Longtree TR 1st Lakeshore on Rt on Curve #178

SUBDIVISION Lakeview Shores BLOCK / SECTION D LOT 10 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: 1600 Gallons; STB 825 Date 3-9-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Lineal Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Existing Conventional
Repair System Description: _____
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

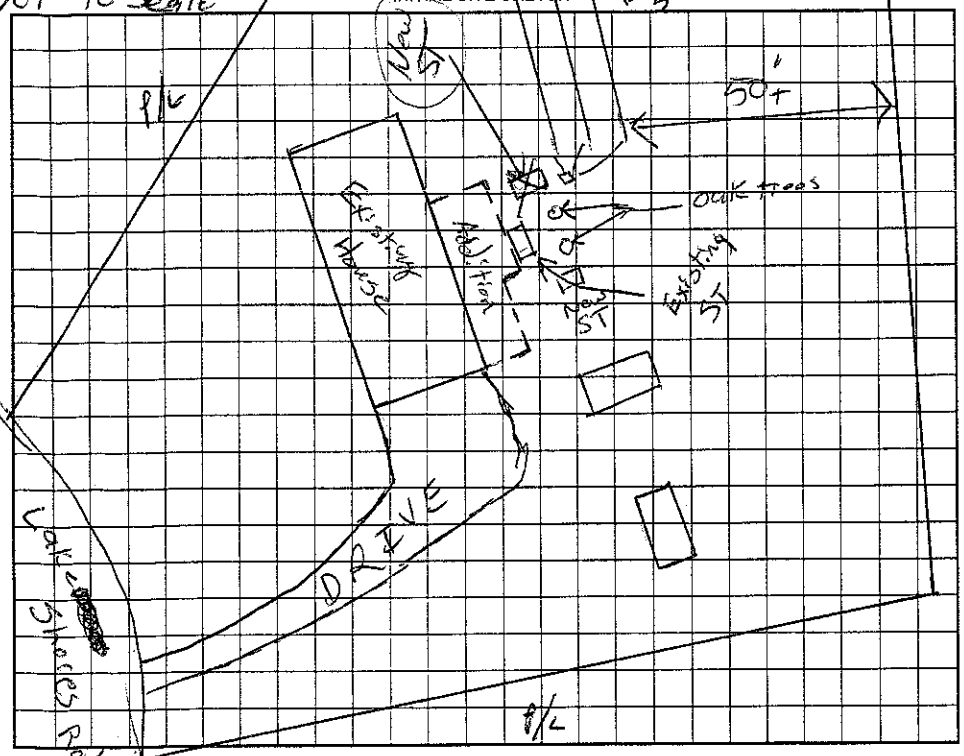
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
Existing Tank Needs To be Pumped + Filled in

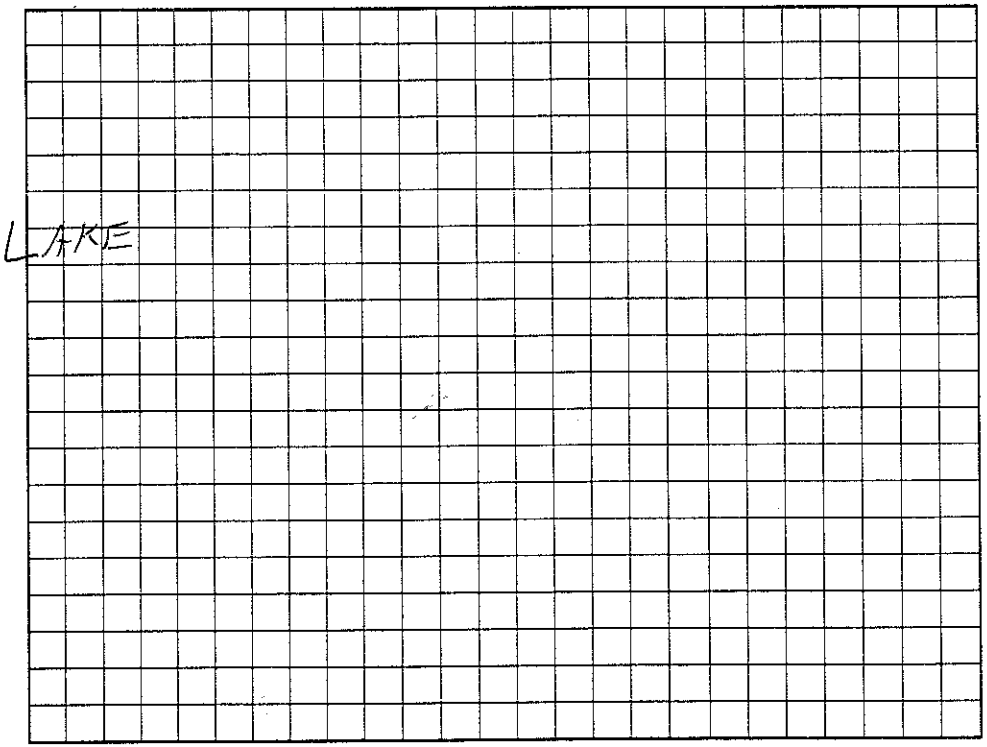
Comments:/Conditions: Blue filter installed.

Not to Scale

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: Alick Osotsky date 2/27/03 Installed by: Rowan Septic

Improvement Permit by: RS date 2/27/03 Operation Permit by: Maria H date 5/20/03

Authorization to Construct by: RS date 2/27/03 Existing System Inspection by: _____ date _____

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