IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140369 PIN# 4635 91 0243 DATE 4/24/07

OWNER OR APPLICANT Thomas Longo PHONE: Business 704 953 4471 Home 704-892-9296

ADDRESS 111 Jail High St. Mooresville, NC. 28117

LOCATION 4th HS South to TR Lentz Rd. TR 1st Lakeshore Loop on (L) after sharp curve

SUBDIVISION Lakeview Shores BLOCK / SECTION 2 B LOT 16 LOT AREA .45AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 3-10-14

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth NA

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

System Description: GRAVITY - 25% Reduced

Repair System Description: < 8.3# flushed

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

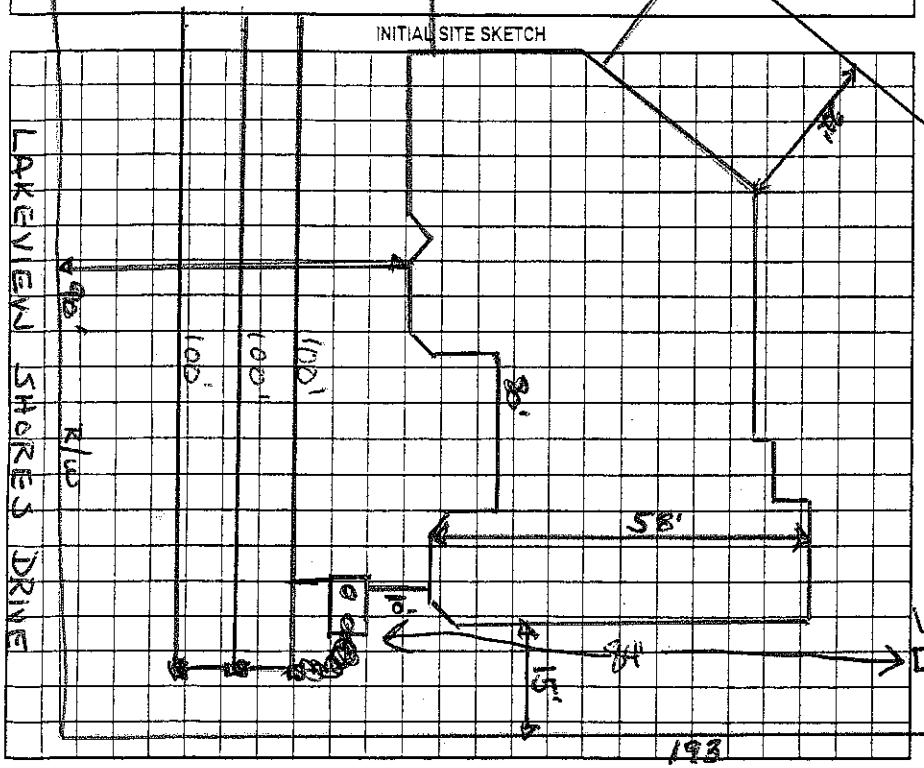
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

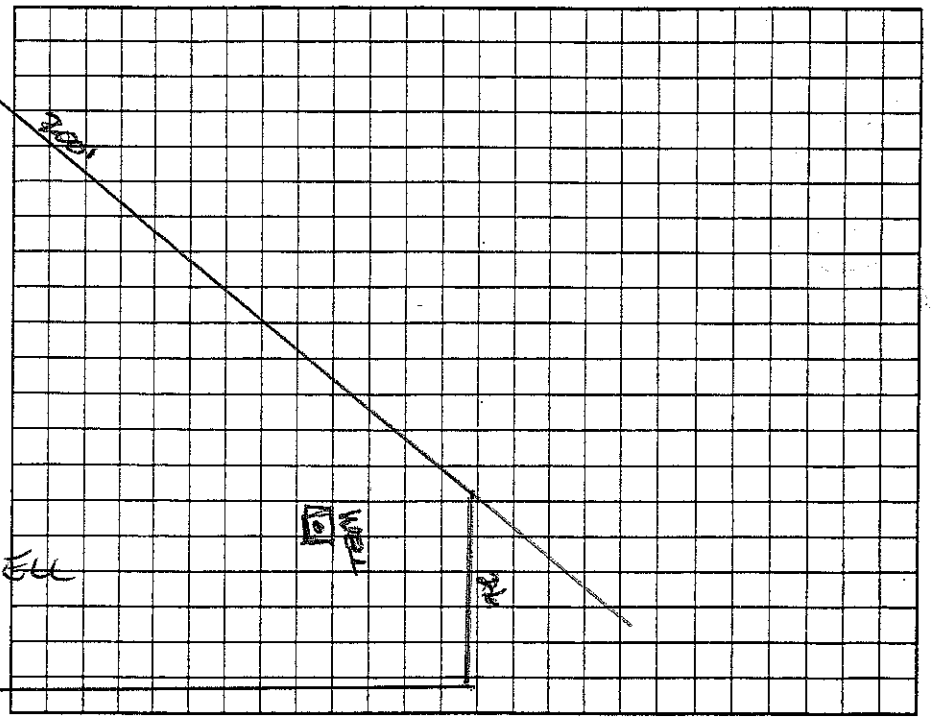
Comments:/Conditions:

(1" = 30')

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 Maureen Longo date 4-26-07

Improvement Permit by: Wesley Sparks RS. date 4/24/07

Authorization to Construct by: Wesley Sparks RS. date 4/24/07

Installed by: ROWAN SEPTIC

Operation Permit by: [signature] date 4-30-14

Existing System Inspection by: _____ date _____

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