IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 173559

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

PIN # 4635-91-1539

APPLICANT: Nicholas Harvey APPLICANT ADDRESS: 20596 Harbor View Dr Cornelius NC 28031

SITE ADDRESS: 149 Lakeshore Dr Mooresville NC 28117 PHONE: 949-244-5760 ALT. PHONE: Jim Goodwin 704-400-8315

SITE DIRECTIONS: Hwy 21 S, TL on Alcove Rd, TR on Langtree Rd, TR on Lakeshore Dr, Lot on Left

SUBDIVISION: Lakeview Shores SECTION: 2 LOT # 12 LOT AREA: .48 ac DESIGN FLOW: 360 L.T.A.R.: 0.35

Septic Tank 1000 (gal) STB 794 Date 10/29
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 268'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

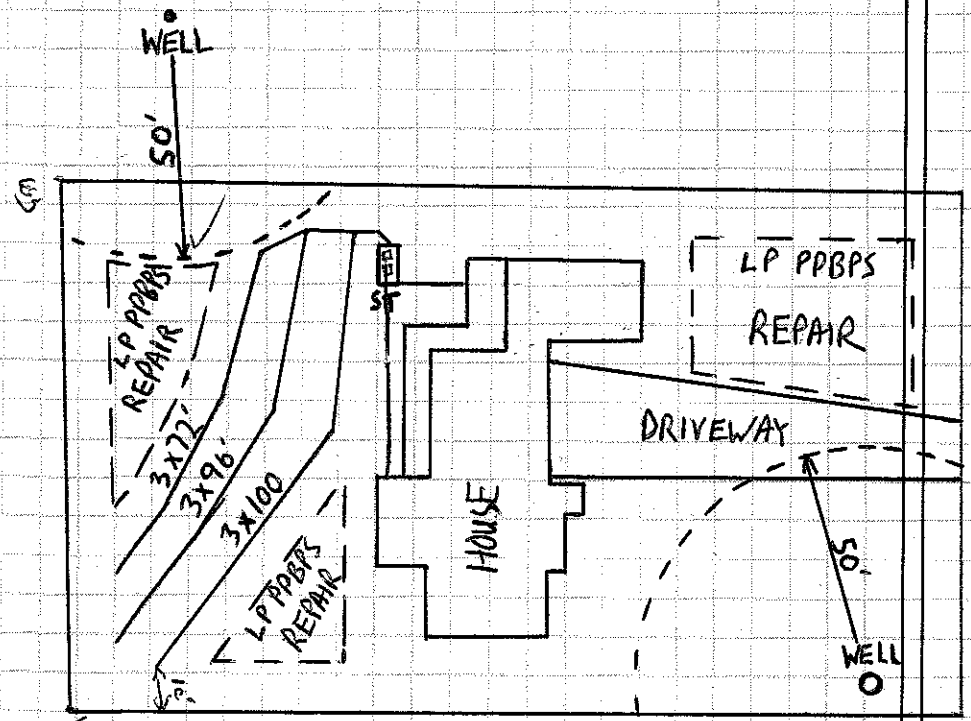
☑ New System ☐ Repair ☐ Expansion System Type: I II ☑ III IV V VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

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

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * Keep lines minimum of 50' from neighbors well *

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: Date: 12/2/13 Installed by: Danny Johnson

IMPROVEMENT PERMIT by: Date: 11-25-13 OPERATION PERMIT by: Date: 12/19/2013

AUTHORIZATION TO CONSTRUCT by: Date: 11-25-13 Existing System Inspected by: Date:

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