IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075167 PIN# ~~4636307887~~ 4636-30-3917 DATE 8/6/98

OWNER OR CONTRACTOR LENNY LEONELLI PHONE: Business _____ Home 892-9854

ADDRESS 149 CARSONS PL MOORESVILLE NC 28115

LOCATION BEAVER SCHOOL - TL ISLE OF PINES - TL GANNET 2ND ON LT

SUBDIVISION LAKEVIEW HEIGHTS BLOCK / SECTION _____ LOT 22 LOT AREA .74AC SITE CLASS. #5 DESIGN FLOW ~~#10~~ L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth MIN

☑ ~~New System~~ ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: GRAVITY CHAMBERS 5@80'

Repair System Description: GRAVITY FAILED

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~

☑ ~~House/Mod. Home~~ No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

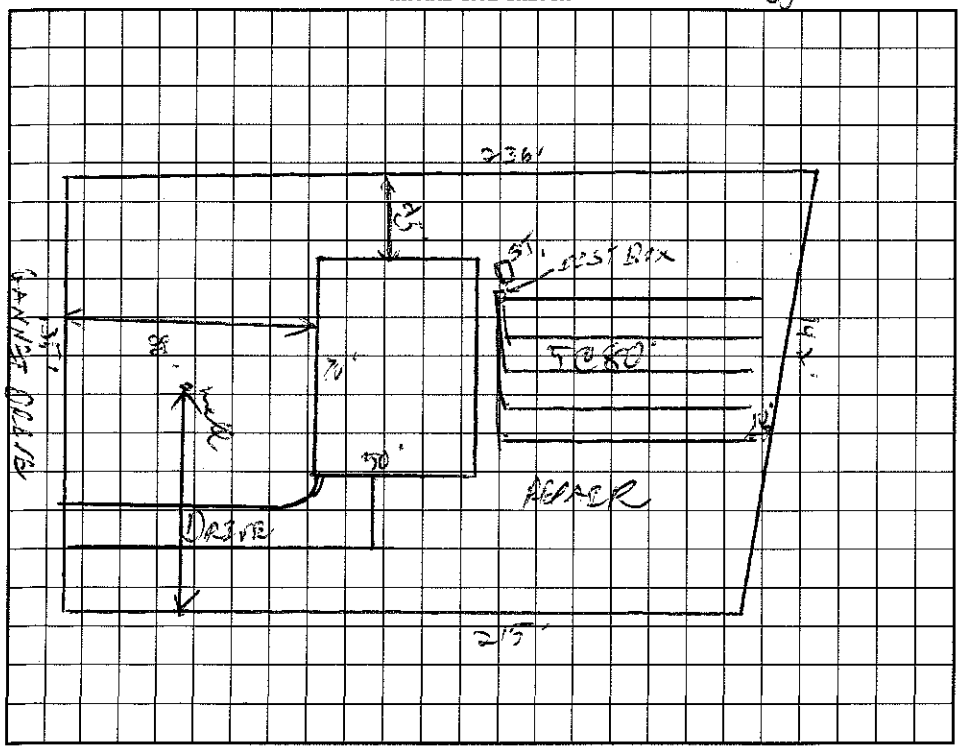
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions: WELL SHALL BE AT LEAST 40' FROM ANY PROPERTY LINE.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=60'



AS BUILT SKETCH

I understand that this 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: _____ date 8/7/98 Installed by: Cent Dunn

Improvement Permit by: _____ date 8/6/98 Operation Permit by: Wesley Sparks RS. date 2/23/99

Authorization to Construct by: _____ date 8/6/98 Existing System Inspection by: _____ date _____

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