This permit replaces previous permit issued on 3-6-13

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 128955

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

PIN # 4636332590

APPLICANT: Lake Vision Development APPLICANT ADDRESS: 8915 Warwicke Ln

SITE ADDRESS: 107 E. Vista View Place PHONE: 704-506-0807 ALT. PHONE: N/A

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines TL Meadow Crest TR E. Vista View Place

SUBDIVISION: The Village at Isle of Pines SECTION: N/A LOT # 13 LOT AREA: .689 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 1017 Date 10-23-12

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 3 Linear Ft: 360

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: 25% Reduction - Gravity

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

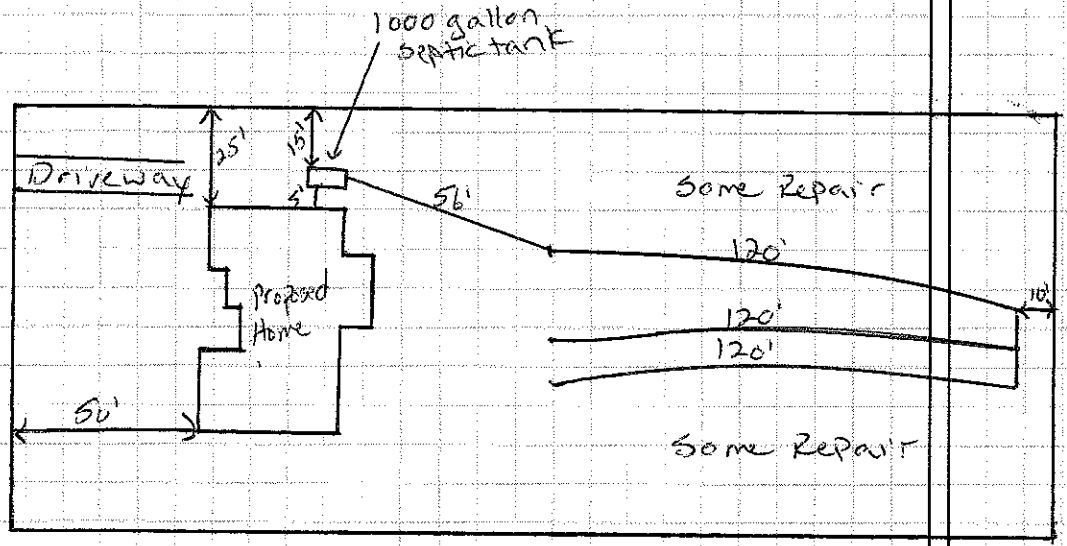
☐ Private

☐ Public

☑ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN

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: [signature] Date: 6-24-13 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: Justin Henderson Date: 6-21-13 OPERATION PERMIT by: [signature] Date: 6-26-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 6-21-13 Existing System Inspected by: ____ Date: ____

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