IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216897

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

PIN # 4636-98-0171.000

APPLICANT: Lake Vision Development APPLICANT ADDRESS: 2242 Longbrook Ct. Shelby NC

SITE ADDRESS: 112 Wood Duck Lp. Mooresville NC 28117 PHONE: 704-402-0463 ALT. PHONE: * 704-506-0807 *

SITE DIRECTIONS: BSR, TL Cowans Back, TL Wood Duck Lp., Lot on L

SUBDIVISION: Lakeside Farms SECTION: 1 LOT # 3 LOT AREA: .55 Acre DESIGN FLOW: Ex. 360 GPD L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date
Pump Tank Existing (gal) PT Date
Pump Make Ex. Model Serial #
Nitrification Fields Ex. # Lines Ex. Linear Ft: Ex.
Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth N/A

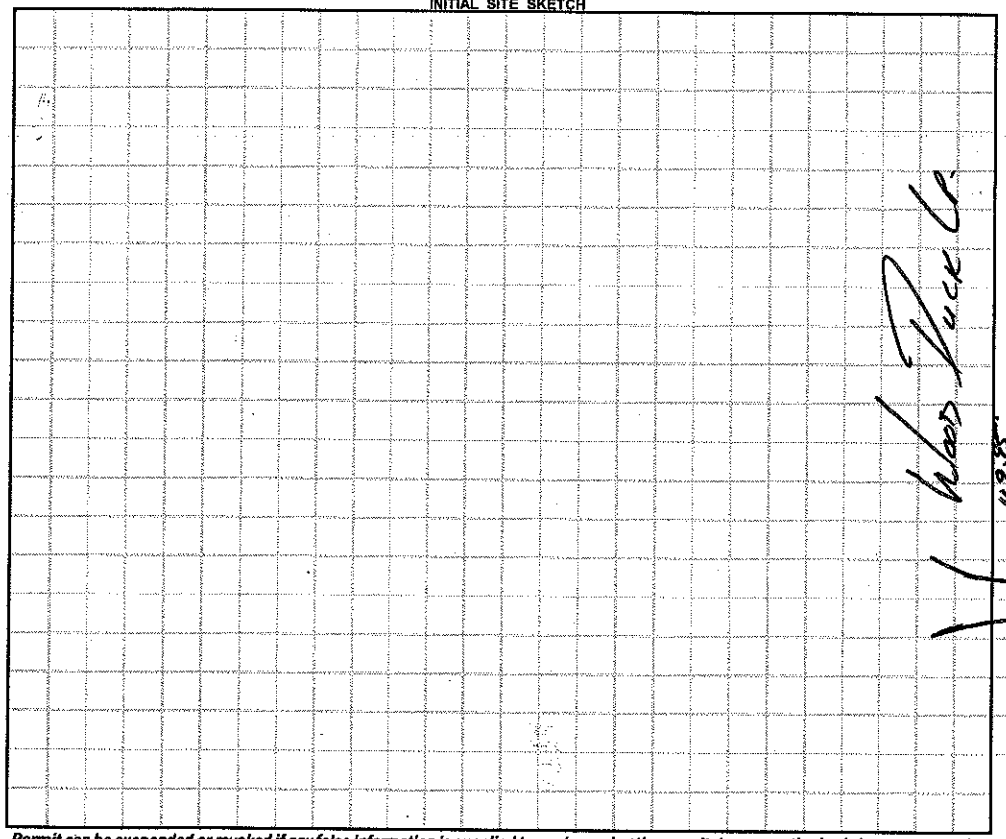
☐ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: Existing LPP-ARDS
Repair System Description: Exempt
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

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

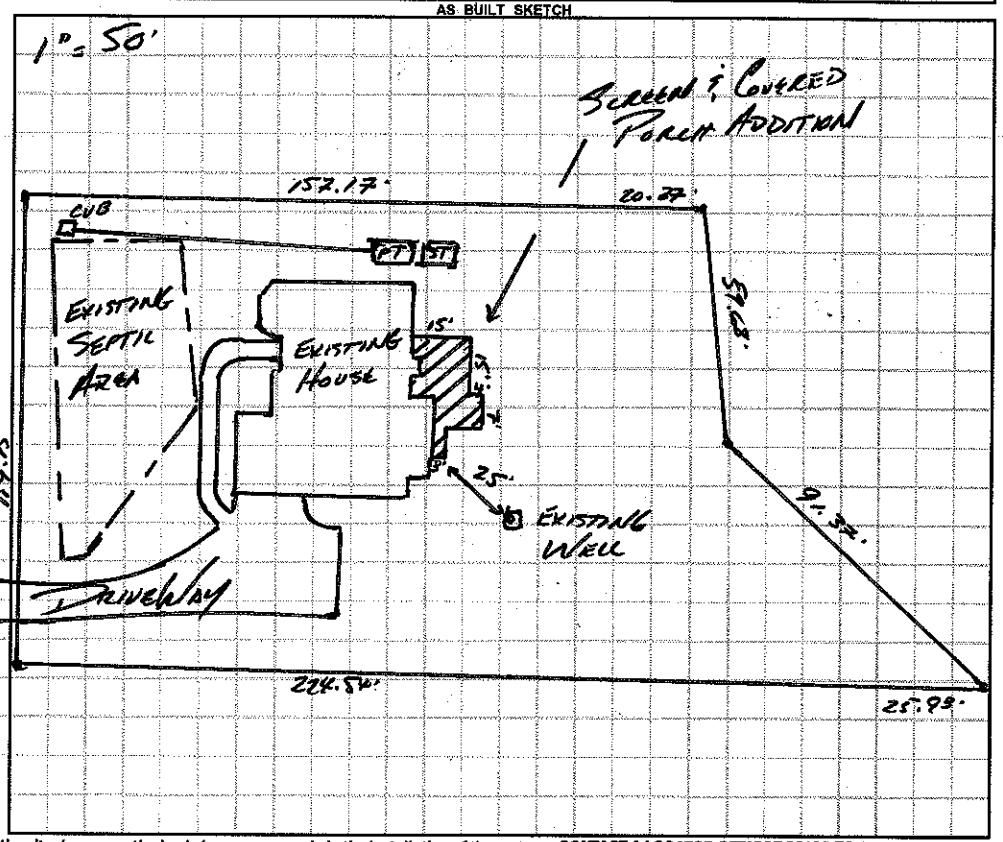
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing System Approved To Be Functioning @ Time of Inspection. This Permit is For The Addition of Screen Porch. Maintain 25' From Existing Well & 15' From Septic Tanks.

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: [signature] Date: 4/19/16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] APPROVED APR 11 2016

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