IREDELL COUNTY HEALTH DEPARTMENT

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

550.00 Paid 4.00 3:50

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

PERMIT# 131 784 PIN# 4636-98 3154 4636-98-3007 DATE 11/8/05

OWNER OR APPLICANT Herbster Homes PHONE: Business ____ Home ____

ADDRESS 152 Wood Duck Lp Mooresville NC 28117

LOCATION RSR TL Canvasback, TL 1st Wood Duck Lp on Lt #129

SUBDIVISION Lakeside Farms BLOCK / SECTION ____ LOT 5 LOT AREA 0.521 AC SITE CLASS. AS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 5-13-06

Pump Tank: 1000 Gallons; PT 274 Date 5-17-06

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 —

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

System Description: Pump 25% Reduct.

Repair System Description: Pump Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

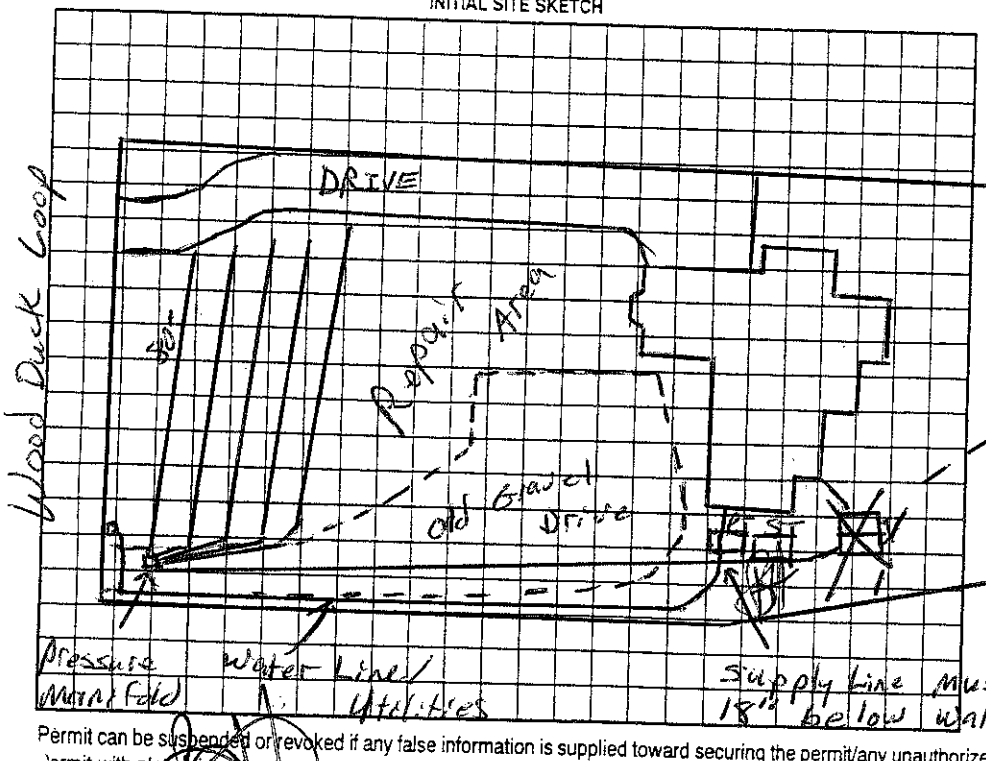
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

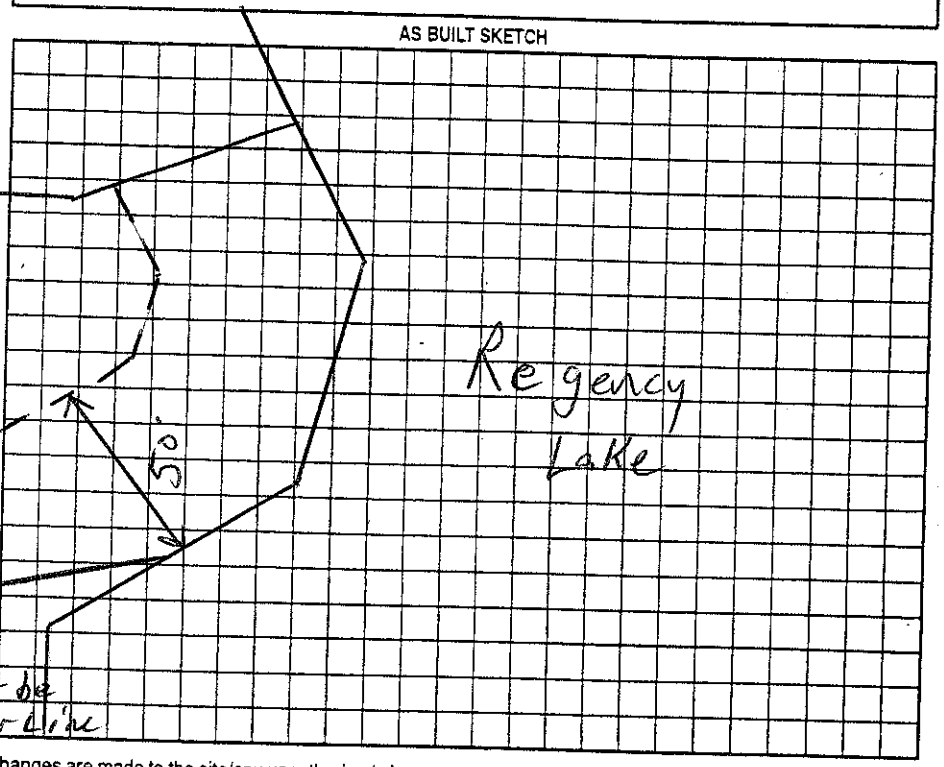
House can be No more than 20' close to the Road

Comments:/Conditions: Checked tanks & lines 7/14/06 MS

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.

ved: ____ date 12/8/06 Installed by: Richard Abernathy

rement Permit by: RS date 11/8/05 Operation Permit by: ____ date 2/15/07

tion to Construct by: RS date 11/8/05 Existing System Inspection by: ____ date ____

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