IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146286 PIN# 4637-25-0621 DATE 11-13-07

OWNER OR APPLICANT Lakeland Luxury PHONE: Business 704-892-1828 Home

ADDRESS 16405-D Northcross Dr. Huntersville, NC 28078

LOCATION Hwy 150 West TL McCrary on left

SUBDIVISION Riverwood Bend BLOCK / SECTION LOT 7 LOT AREA .667 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft2

Septic Tank: 1000 Gallons; STB 825 Date 3/20/08
Pump Tank: 1000 Gallons; PT 302 Date 3/3/08
Pump Make: Zoeller Model N-152 Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II ~~III~~ IV V VI
System Description: ~~250~~ reduction pump
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

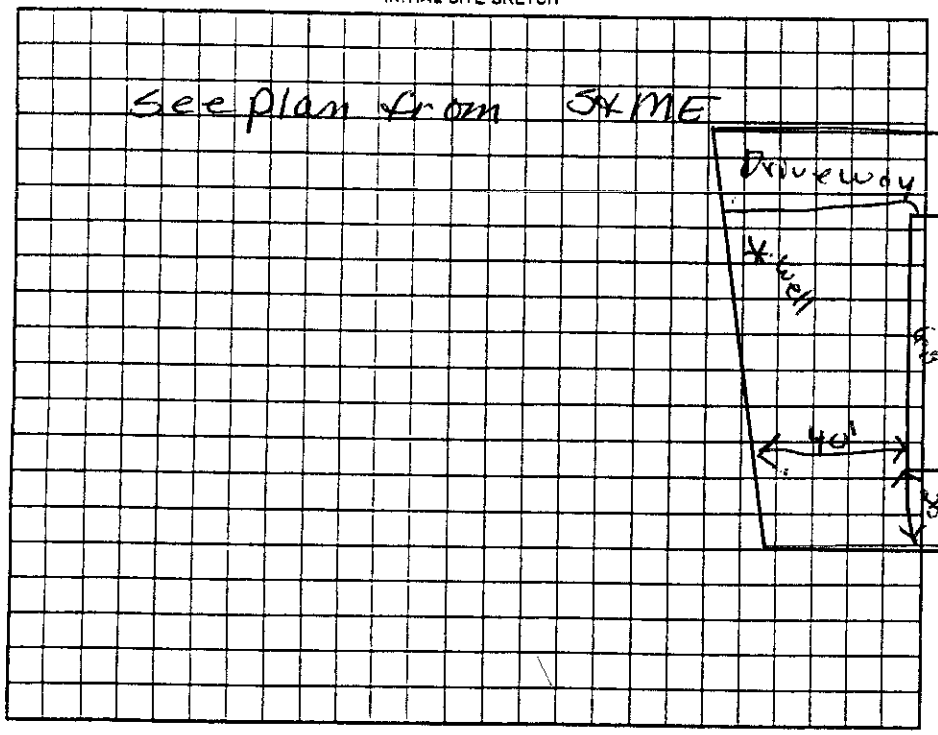
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

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

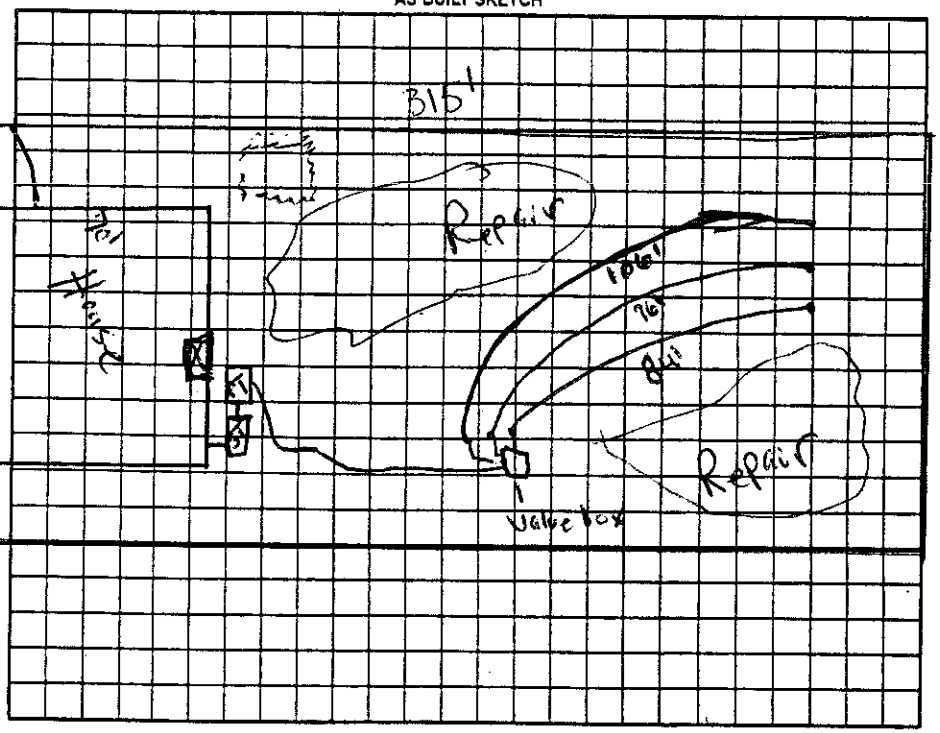
Comments:/Conditions:
Min. 100' from well to septic system

INITIAL SITE SKETCH



Comments:/Conditions:
~~Blue Filter~~
*Installed 286' LP PPBPS, maintenance agreement required.

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.

Signed: [signature] date 12/6/07

Improvement Permit by: Judy Mychille date 11-13-07

Authorization to Construct by: Wesley Sparks RS. date 12/10/07

Installed by: Rowan Septic

Operation Permit by: [signature] date ~~5/28~~ 5/23/08

Existing System Inspection by: date

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