IREDELL COUNTY HEALTH DEPARTMENT

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

10:30

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

PERMIT# 074780 PIN# 4639637244 4638 73 1182 DATE 7/16/98

OWNER OR CONTRACTOR LAKESHORE DEV. PHONE: Business Home

ADDRESS 386 WILLIAMSON RD MOORESVILLE NC 28115

LOCATION PERTH RD N- TL NORMANDY ON CT JUST PAST GRAND BAY DR.

SUBDIVISION GLAND BAY BLOCK / SECTION IV LOT 32 LOT AREA .53AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .4 GPD/FT

Septic Tank: 1000 Gallons; STB 794 Date 9/1/94
Pump Tank: 1000 Gallons; PT 27 Date 9/29/94
Pump Make: GOULDS Model WE03111 Serial No. 4785-1134
Nitrification Field: No Fields 1 Square Feet 765 Linear Feet 225
No Lines 3@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: PUMP CHAMBERS OR HOS
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

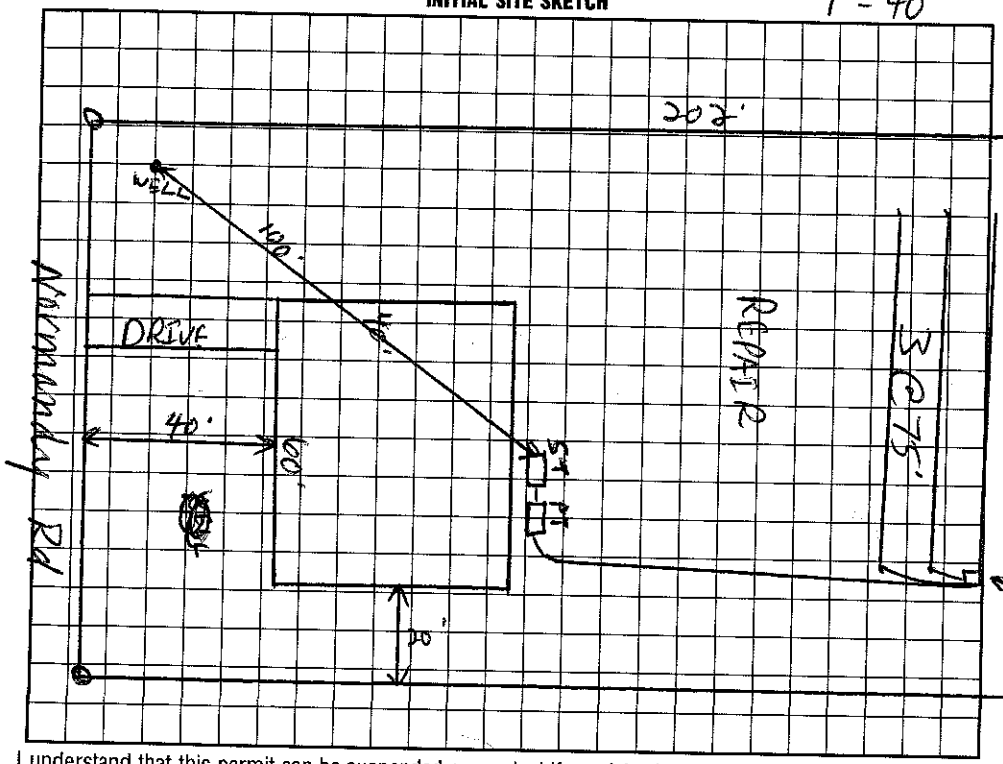
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

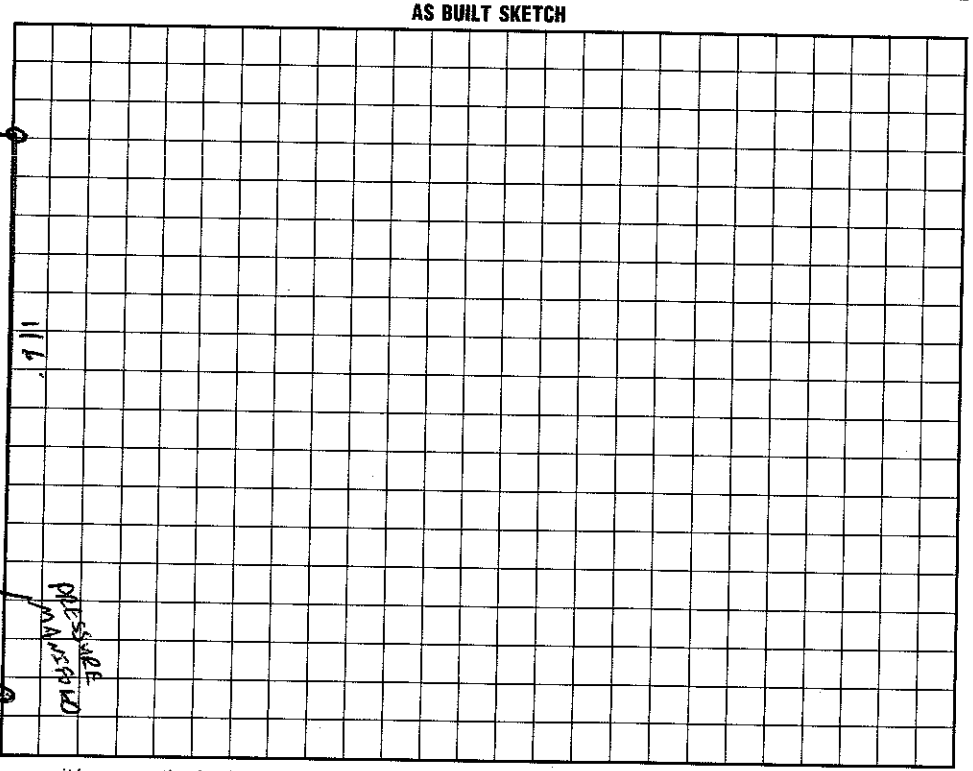
Comments:/Conditions: WELL SHALL BE 100' FROM ANY PART OF SEPTIC SYSTEM.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=40'



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: T. Ray Shuttle for Lakeshore Development date 7/18/98
Improvement Permit by: C. [illegible] RS date 7/16/98
Authorization to Construct by: C. [illegible] RS date 7/16/98

Installed by: PS ERVIN
Operation Permit by: C. [illegible] date 1/20/99
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