IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066 564 PIN# ~~4638-77-1176~~ pt 4638-78-1632 DATE 5/28/98

OWNER OR CONTRACTOR LAKEMONT HOMES PHONE: Business _____ Home _____

ADDRESS PO Box 1463 MATTHEWS NC 28105

LOCATION PERTH RD - TL TANAGER AT END

SUBDIVISION HARBORVIEW BLOCK / SECTION B LOT 8 LOT AREA 1.6AC SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 794 Date 7/6/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth _____

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: grav/pump 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

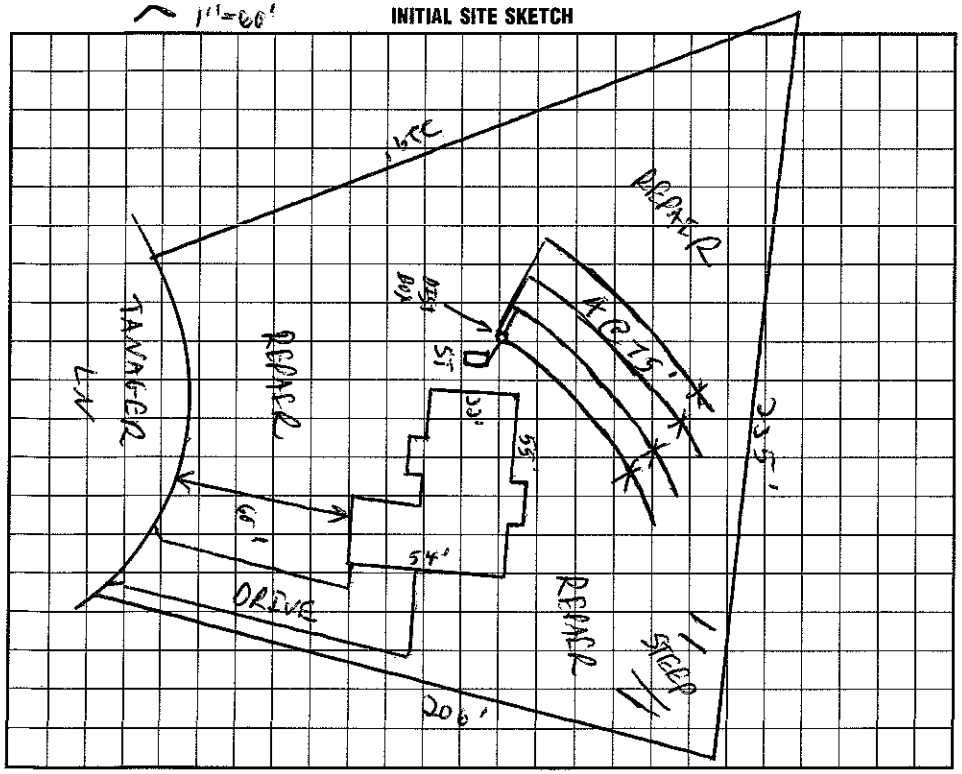
Water Supply:
☐ Individual
☐ Public
☑ Community

Comments:/Conditions:
ONE INSPECTION PORT PER LATERAL

Comments:/Conditions:

1"=60'

INITIAL SITE SKETCH



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: _____ date 5/29/98
Improvement Permit by: C. M. Town RS date 5/28/98
Authorization to Construct by: C. M. Town RS date 5/28/98

Installed by: LARRY BEAM
Operation Permit by: C. M. Town date 10/1/98
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