IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210255

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

PIN # 4639216850

APPLICANT: Lakeshore Holdings LLC (DEO LLC) APPLICANT ADDRESS: 132 Market Place Ave Mooresville, NC 28117

SITE ADDRESS: 126 Trent Pines Dr PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Penth Rd TL Fern Hill TL Trent Pines on right

SUBDIVISION: Woodleaf SECTION: 2 LOT # 77 LOT AREA: 1.3 Ac. DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 482
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Existing Pump - 25% Reduct
Repair System Description: Pump PBBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

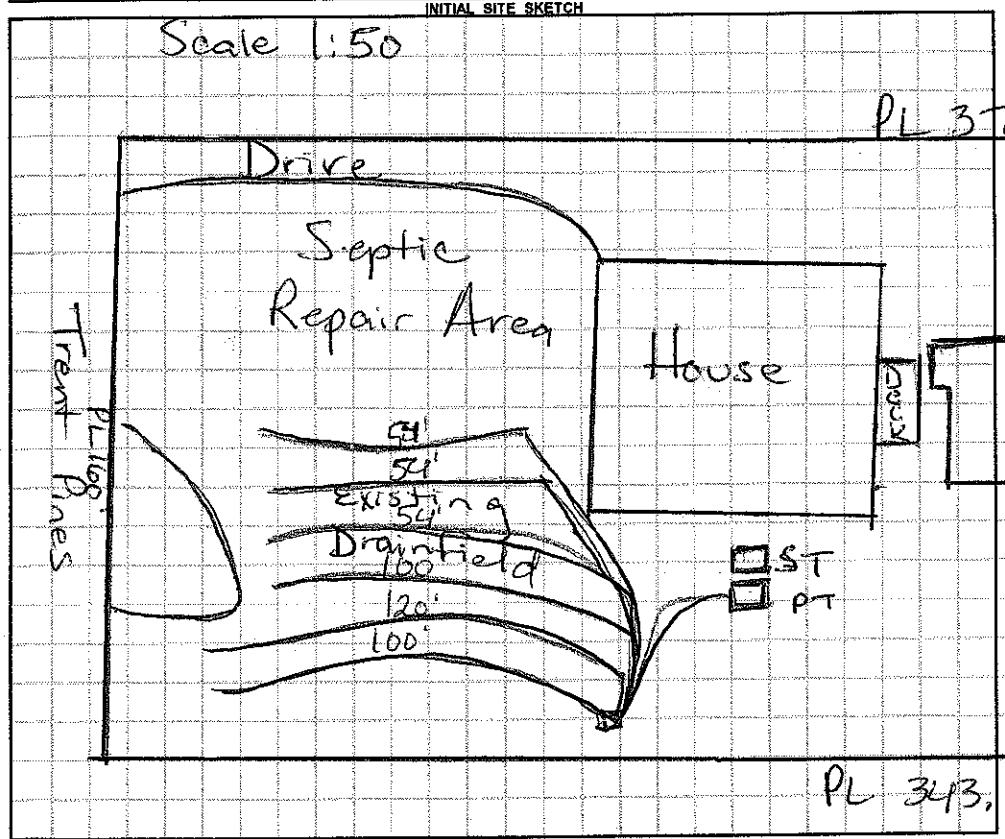
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees
☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

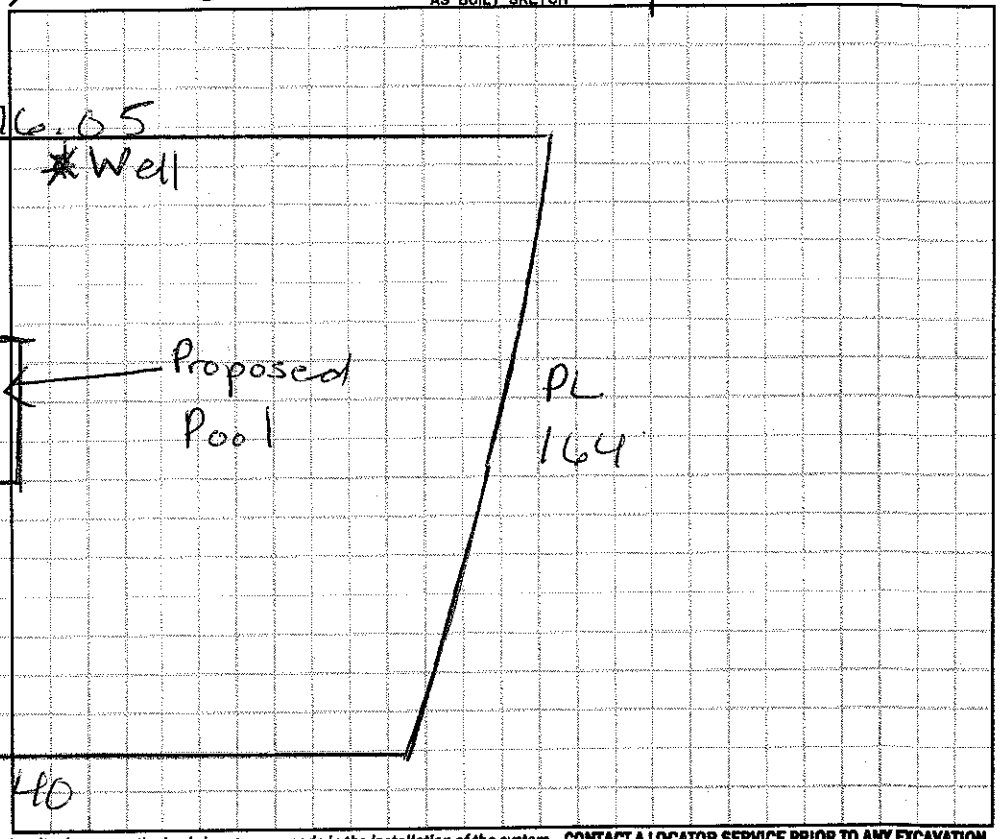
Comments / Conditions:

The proposed in ground swimming pool does not appear to impact the existing Septic System. All setbacks from well & septic are ok.

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: Date:

IMPROVEMENT PERMIT by: Linda F Moore Date: 6/11/15

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: [signature] RS Date: 6/9/15

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