IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093908 PIN# 4647303044 DATE 1/24/2001

OWNER OR CONTRACTOR Lars Ekberg PHONE: Business 363-9913 Home 528-6466 Susie McLaun

ADDRESS 104 Scenic Way Apt. H Mooresville, NC 28115

LOCATION Williamson Rd N TL Sundown on left just before Cool Breeze

SUBDIVISION Tallewood Harbour BLOCK / SECTION ____ LOT 38 LOT AREA 1.0 Acres SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8/13/01

Pump Tank: 1000 Gallons; PT 283 Date 8/14/01

Pump Make: ZOELLER Model N-152M Serial No. PM152-002

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 300'

No Lines 4 at 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 (PM) - 25% Reduction

Repair System Description: Pump - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

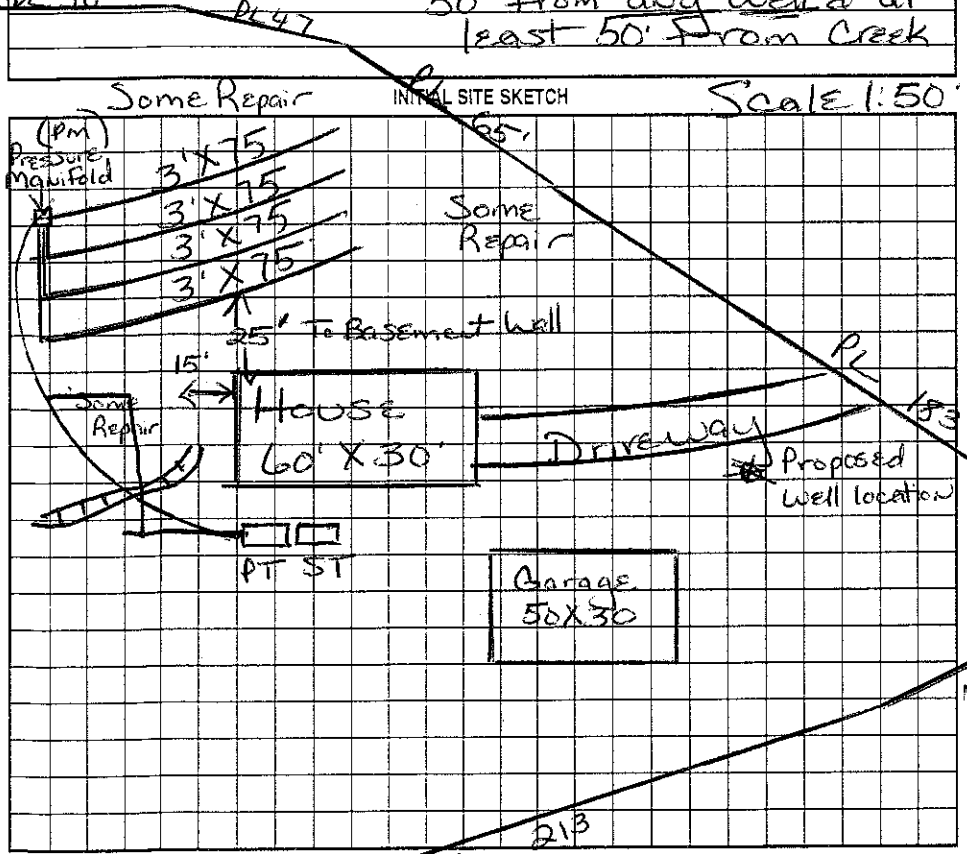
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System 10' from PL 50' from any well & at least 50' from Creek

Comments:/Conditions:

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.

Signed: _____ date 1-25-01 Installed by: Larry Beam

Improvement Permit by: Maria H. Dotson RS date 1/24/2001 Operation Permit by: Wesley Sparks RS. date 11/14/01

Authorization to Construct by: Maria H. Dotson RS date 1/24/2001 Existing System Inspection by: _____ date _____

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