IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 11100 208752

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

PIN # 4649049474 14-0591

APPLICANT: Lakeshore Holdings LLC APPLICANT ADDRESS: 295 Lake Mist Dr Mooresville NC 28117

SITE ADDRESS: 110 Orchard Farm Ln Mooresville, NC PHONE: ALT. PHONE: 704 799-7609

SITE DIRECTIONS: Perth Rd N. TR Flowering Cherry Ln TL Orchard Farm Ln 2nd lot on right

SUBDIVISION: The Orchard SECTION: - LOT # 20 LOT AREA: .70 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	T60	Date	4-6-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	4-27-15	System Description:	Pump LPPPBPS			☐ Business	No. Persons 6
Pump Make	Goulds	Model	WE05111HF	Serial #		Repair System Description:	LPPPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	200'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	min. 24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

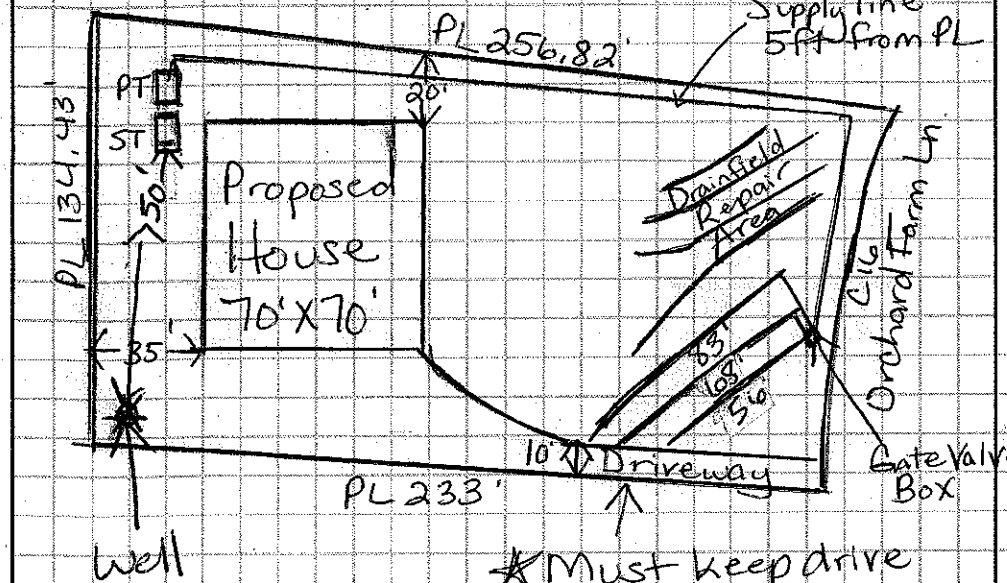
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Drainfield area will require slight Shaping
* Divert stormwater away from Septic System.

This permit replaces previous permit dated 10-17-2006
Drilled 3/16" hole in lines

INITIAL SITE SKETCH

Scale 1:60



* Must keep drive tight to Property line until it's past Drainfield area.

AS BUILT SKETCH

Installed essentially as Drawn
7/1/15 Check tanks & lines. MO

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: 4/1/15 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Date: 3/31/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: RS Date: 3/31/15 Existing System Inspected by: Date:

APPROVED AUG 03 2015

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