IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216164

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

PIN # 4654-97-2575

APPLICANT: Lake Vision Development APPLICANT ADDRESS: 2242 Longcove Ct. Sherrils Ford

SITE ADDRESS: 191 Buckingham Place Rd Mooresville, NC PHONE: 704-506-0807 ALT. PHONE: 704-402-0463

SITE DIRECTIONS: Highway 115 South to Presbyterian Rd → R on Buckingham Place → Property/house on right

SUBDIVISION: Davidson Downs SECTION: 8 LOT # 17(88) LOT AREA: 1.85 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.30 (existing)

Septic Tank 1000 existing (gal) STB 794 Date 4-9-08
Pump Tank 1000 existing (gal) PT 27 Date 7-26-08
Pump Make — Model EXISTING Serial # —
Nitrification Fields — # Lines — Linear Ft: —
Trench Width — Max. Trench Bottom Depth — Gravel Depth —

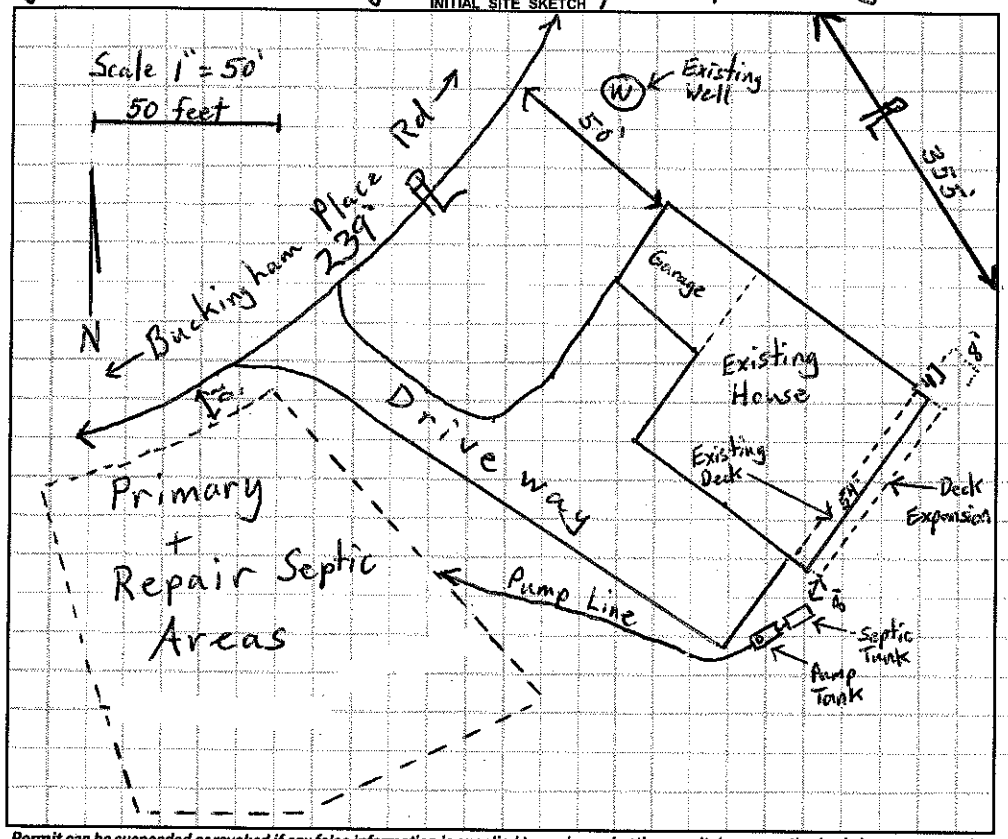
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: EXISTING
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing 4'x54' deck to expand to be 8'x54' in dimension. Drainfield primary + repair areas taken from ICHD permit # 144742 (CIP dated 7-23-08) Recommend pumping septic tank every 3-5 years and re-directing roof drain/down spouts away from septic + pump tanks.

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: Joanna M Duggit Date: 2/22/16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 2-16-16

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