IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209946

ALP

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

PIN # 4658136791

APPLICANT: Leigh Cusimano APPLICANT ADDRESS: 138 Lismark Drive Mooresville, NC 28117

SITE ADDRESS: 138 Lismark Dr PHONE: 704 724-4850 ALT. PHONE:

SITE DIRECTIONS: US Hwy 21 N TL on Valley view (Oakbrook Subdivision) TR 3rd street Lismark at end

SUBDIVISION: Oakbrook SECTION: LOT # 49 LOT AREA: 2.4 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3 acre

Septic Tank ____ (gal) STB ____ Date ____

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines ~~5~~ 4 Linear Ft: 400'

Trench Width 36" Max. Trench Bottom Depth 18" Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Existing Gravity - Conventional

Repair System Description: Grav/Pump - Conventional

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ____ ☒ Crawl Space

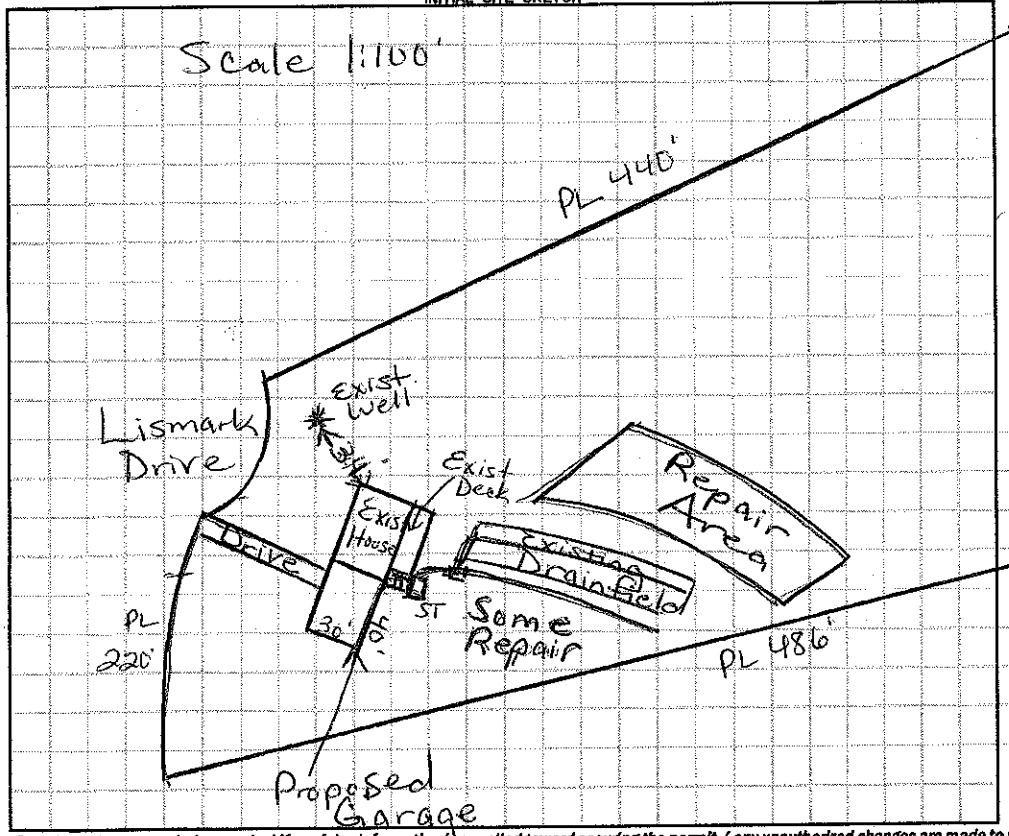
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

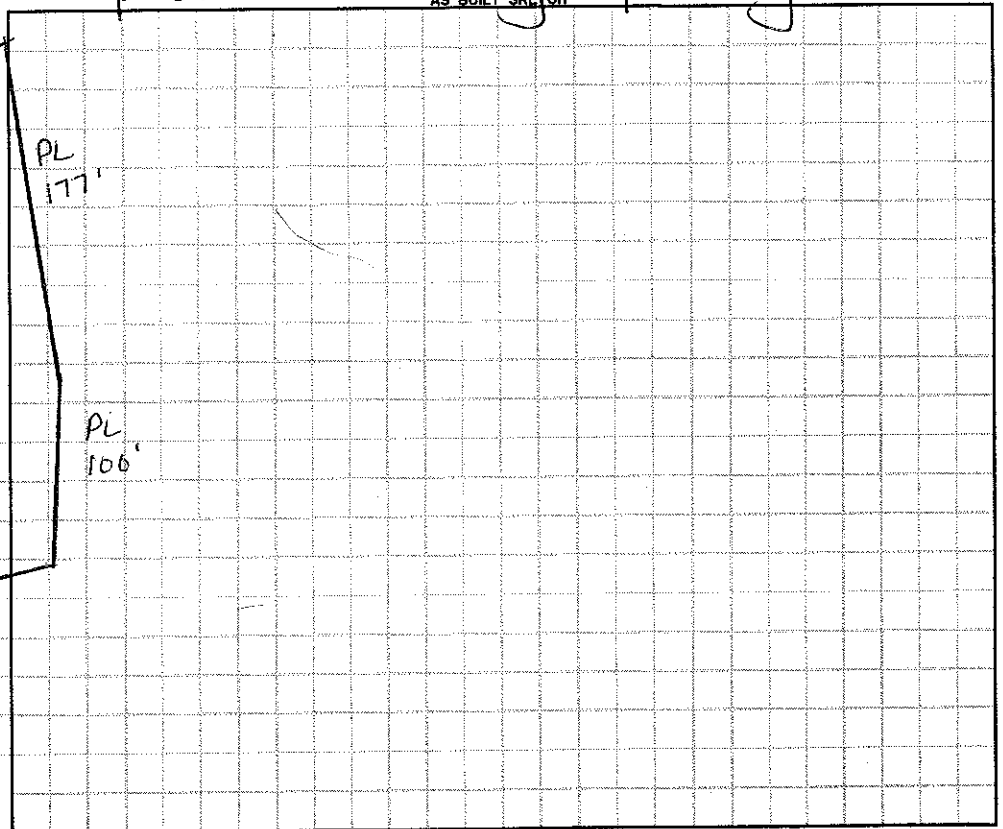
Comments / Conditions: The proposed Garage meets setbacks to well and Septic system.

*Must keep proposed Garage at least 5ft from Septic System. The proposed Garage does not appear to impact the existing Septic System.

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: Leigh A Cusimano Date: 5/27/2015 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Marian H. Hall RS Date: 5/26/15

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