IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181443

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

PIN # 4676635035

APPLICANT: DEO LLC / James Lawler APPLICANT ADDRESS: 4676635035

SITE ADDRESS: 107 Marston Ct. Mooresville, NC 28115 PHONE: ALT. PHONE:

SITE DIRECTIONS:

SUBDIVISION: Walden Ridge SECTION: LOT # 10 LOT AREA: 1.25 DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB 312 Date 3-2-06 — [X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI — [X] Residence No. Bedrooms 4 — Water Supply: [X] Private [ ] Public [ ] Community

Pump Tank (gal) PT Date — System Description: ST only (Exist Gravity 25%red)

Pump Make Model Serial # — Repair System Description: LP Panel Block

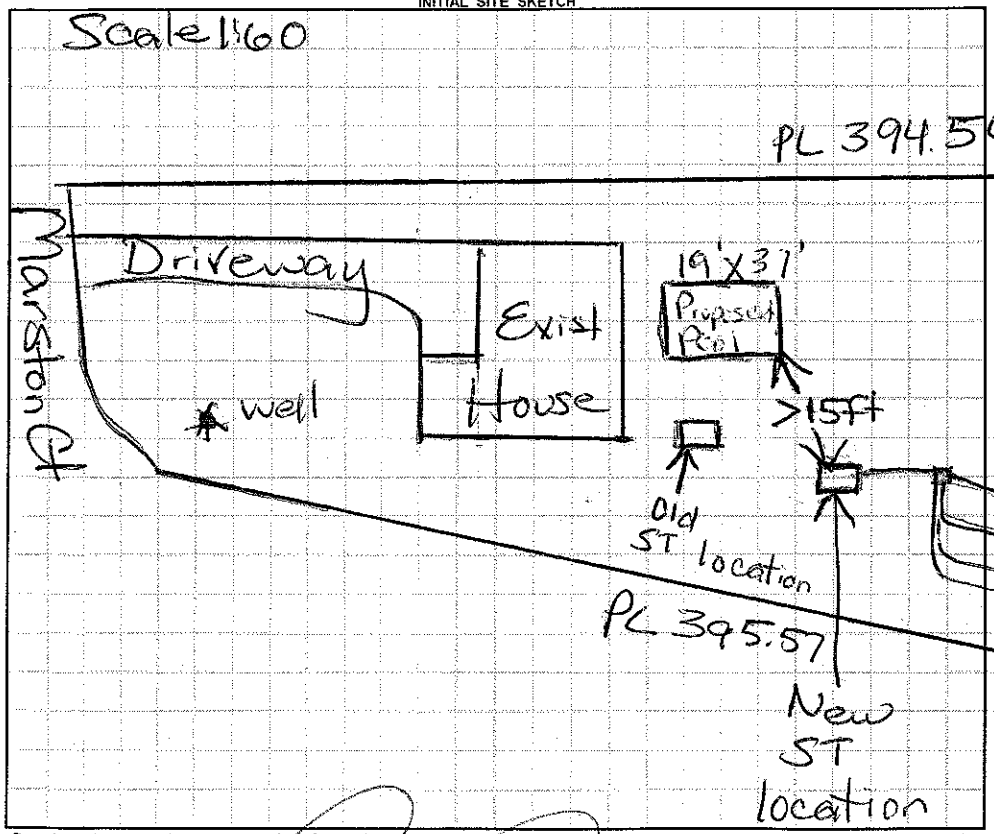
EXIST Nitrification Fields 1 # Lines 4 Linear Ft: 480 — Maintenance Agreement Required: [ ] YES [X] NO — [ ] Business No. Persons [ ] Other No. Employees [ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement w/o plumbing

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A — [X] GRAVITY [ ] PRESSURE

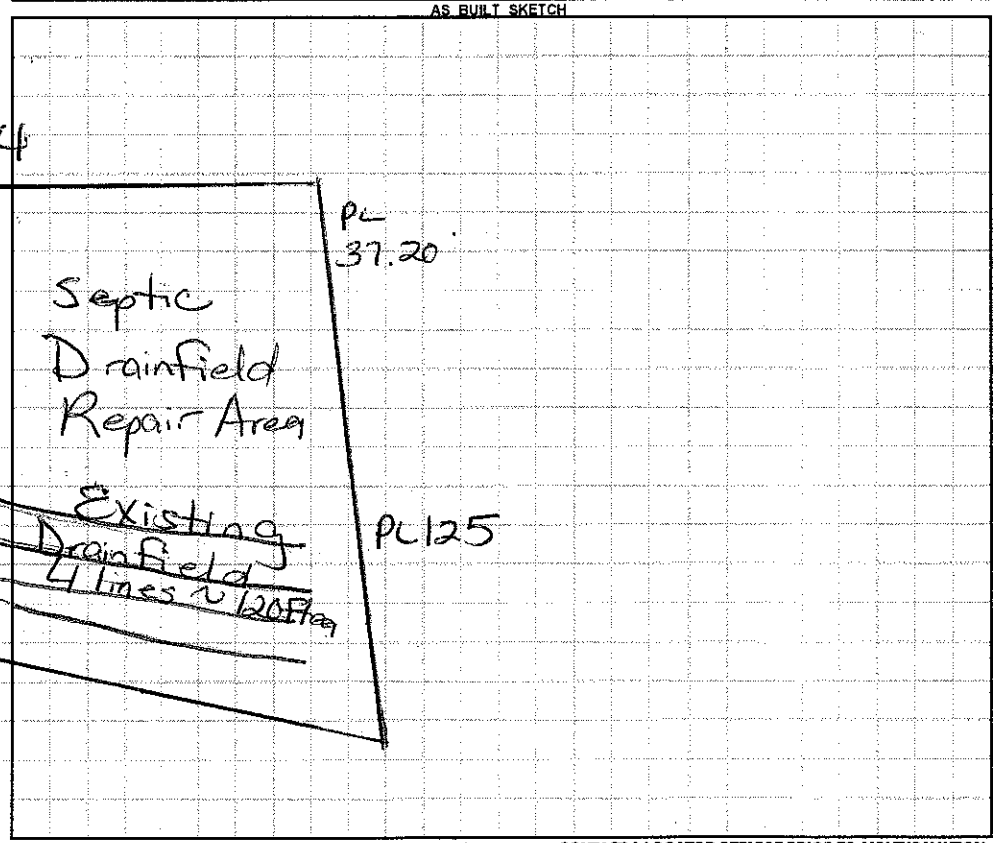
Comments / Conditions: Moving Existing Septic tank (ST) to accomodate Setback to Swimming Pool

If ST is not Structurally Sound after moving then new ST will be needed.

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: Installed by: FJ Ervin RS

IMPROVEMENT PERMIT by: Date: 10/25/13 OPERATION PERMIT by: Date: 10/25/13

AUTHORIZATION TO CONSTRUCT by: Date: 10/25/13 Existing System Inspected by: Date:

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