* THIS PERMIT VOIDS PREVIOUS PERMIT DATED 11/21/01 *

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101205 PIN# 4710 59 1712 DATE 8/18/05

OWNER OR CONTRACTOR LAKESHORE REALTY / ELIZABETH TOUCHTON PHONE: Business 704 677 2312 Home 704 677 4798 - MAH

ADDRESS 249 WILLIAMSON RD MOORESVILLE, NC 28117

LOCATION 40W ⓛ OLD MOUNTAIN RD ⓡ BUFFALO SHOALS RD ⓛ LAURAL COVE RD ⓡ ISLAND TERRACE DR ⓛ LOT

SUBDIVISION River Hill Est. BLOCK / SECTION _____ LOT 21 LOT AREA .53 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 02-01-06
Pump Tank: 1000 Gallons; PT 574 Date 5-16-06
Pump Make: _____ Model PENCO A HE Serial No. 509950
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: PUMP 35% REDUCTION
Repair System Description: LP PIPES
Maintenance Agreement Required: ☐ Yes ☒ No

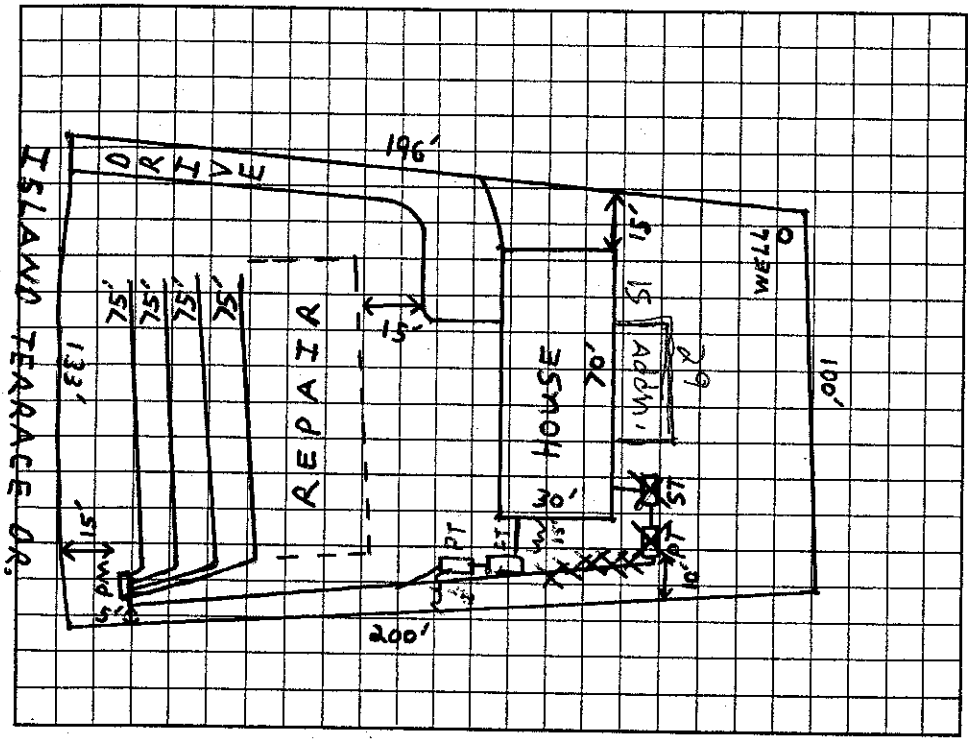
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

SCALE 1" = 50'

INITIAL SITE SKETCH



Comments:/Conditions:

Pump tank Rear
septic tank Rear
Bosco filter

AS BUILT SKETCH

The proposed home addition does not appear to impact the existing septic system.

**NOTE: _____

R.S.

Date: 12-8-08

ICHD-Environmental Health Division

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: Elizabeth A. Touchton date 5/3/06

Improvement Permit by: _____ date 8/18/05

Authorization to Construct by: James Stevens date 5-3-06

Installed by: Richard Abernathy

Operation Permit by: _____ date 7-25-06

Existing System Inspection by: _____ date _____

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