IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077031 PIN# ~~4634-73-4550~~ 4920-61-0532 DATE 5-18-04

OWNER OR CONTRACTOR LAKEMONT HOMES PHONE: Business 704-844-9524 Home 704-400-2344

ADDRESS P.O. BOX 1463 MATTHEWS, NC 28106

LOCATION PERTH RD SOUTH (R) STATE PARK (L) Wildlife (R) SUGARWOODS (L) MAPLEVIEW LOT # 105 ON RT

SUBDIVISION Wildlife Bay BLOCK / SECTION II LOT 105 LOT AREA 49,857+/- ft² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 321 Date 9-30-03
Pump Tank: 1000 Gallons; PT 40 Date 10-14-03
Pump Make: ZOELLER Model SAB124-AF3L Serial No. 151660
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 420'
No Lines 6 @ 70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP-PRESS 25½ GPD
Repair System Description: PUMP-PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees
☐ Other

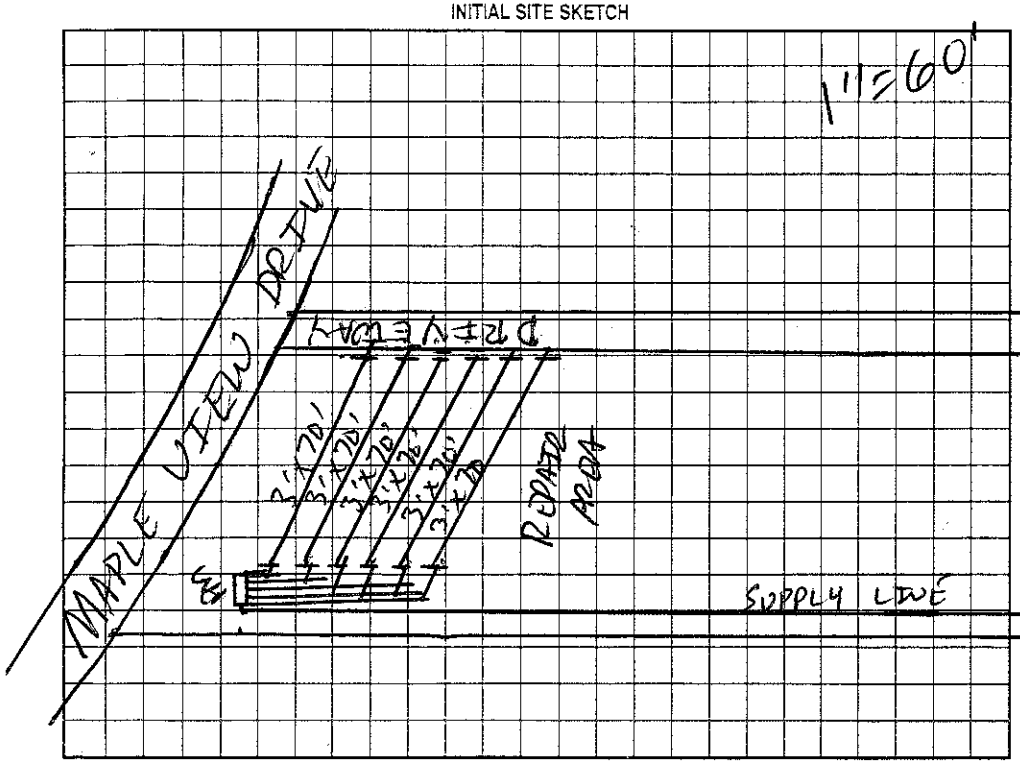
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

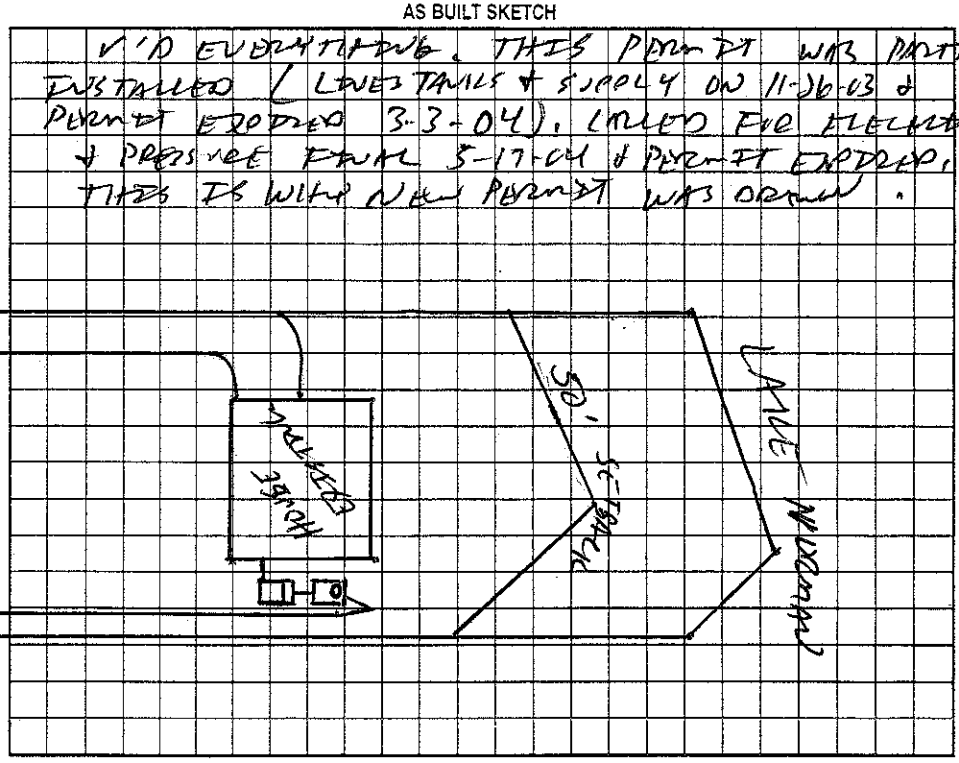
Comments:/Conditions:

Comments:/Conditions: SYSTEM & TANKS ARE 10' OFF MARKED P/L. P/L @ SUPPLY IS 5' + OFF MARKED P/L. LABEL FILTER & MARKER INSTALLED AS ORDERED

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. 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: _____ date 5-18-04 Installed by: RANDY STOES

Improvement Permit by: _____ RS date 5-18-04 Operation Permit by: _____ RS date 5-18-04

Authorization to Construct by: _____ RS date 5-18-04 Existing System Inspection by: _____ date _____

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