# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102301 PIN# 4624193619 DATE 10-29-03

OWNER OR CONTRACTOR Mike Shalvoy PHONE: Business (980) 722-1118 Home

ADDRESS 108 Sunrise Circle Mooresville, NC 28117

LOCATION Brawley School Rd TR Stonemarker

SUBDIVISION Lot 7 BLOCK / SECTION 6 LOT 82 LOT AREA .75 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10/10/04
Pump Tank: 1000 Gallons; PT 283 Date 10/12/04
Pump Make: Gould Model WE10-3,2 Serial No.
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270'
No Lines 4 Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Pump-LP-Panel Block
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 4 No. Bathrooms 5 No. Employees

[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

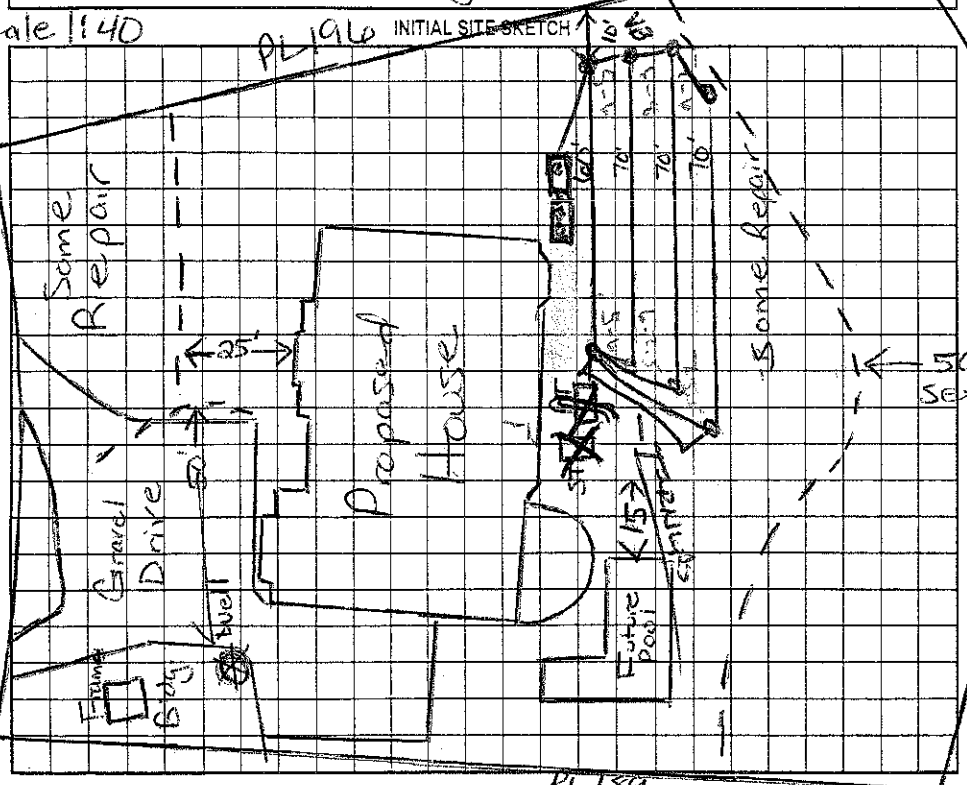
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: Keep Septic System at least 10' from PL, 50' to lake, 15ft from pool & at least 50' from any well.

Comments/Conditions:

Scale 1:40

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: Megan M. Shalvoy date 11-3-03 Installed by: Donnie Clark

Improvement Permit by: Maria H. Watson RS date 10/29/03 Operation Permit by: Wesley Sparks RS. date 12/9/04

Authorization to Construct by: Maria H. Watson RS date 10/29/03 Existing System Inspection by: date

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