IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208983

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

PIN # 4626-91-4474.000

APPLICANT: Dan Okovieski / Sheheen APPLICANT ADDRESS: 4547 Sawgrass Ct. Denver, NC

SITE ADDRESS: 167 Atlantic Way Mooresville NC 28117 PHONE: 704-489-8766 ALT. PHONE: 704-733-8831

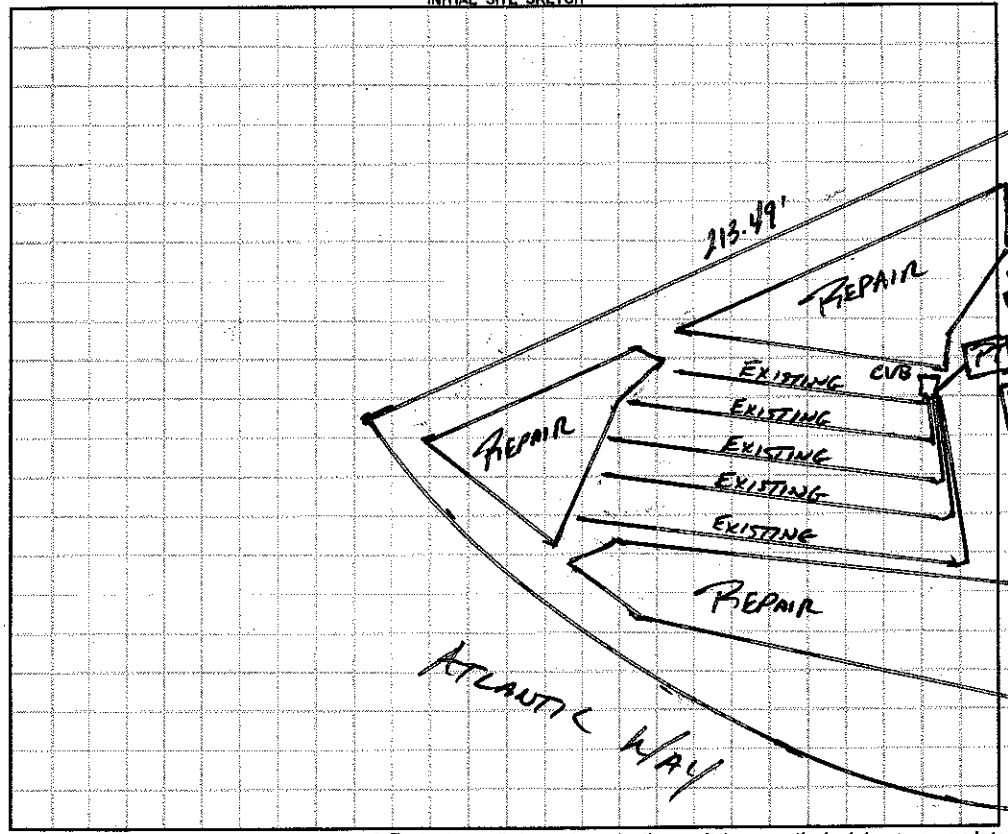
SITE DIRECTIONS: BSR, TL on Great Point Dr. TL Wild Harbor, TL Atlantic Way

SUBDIVISION: The Point on Norman SECTION: 3 LOT # 334 LOT AREA: .830 Acre DESIGN FLOW: 600 GPD L.T.A.R.: Existing

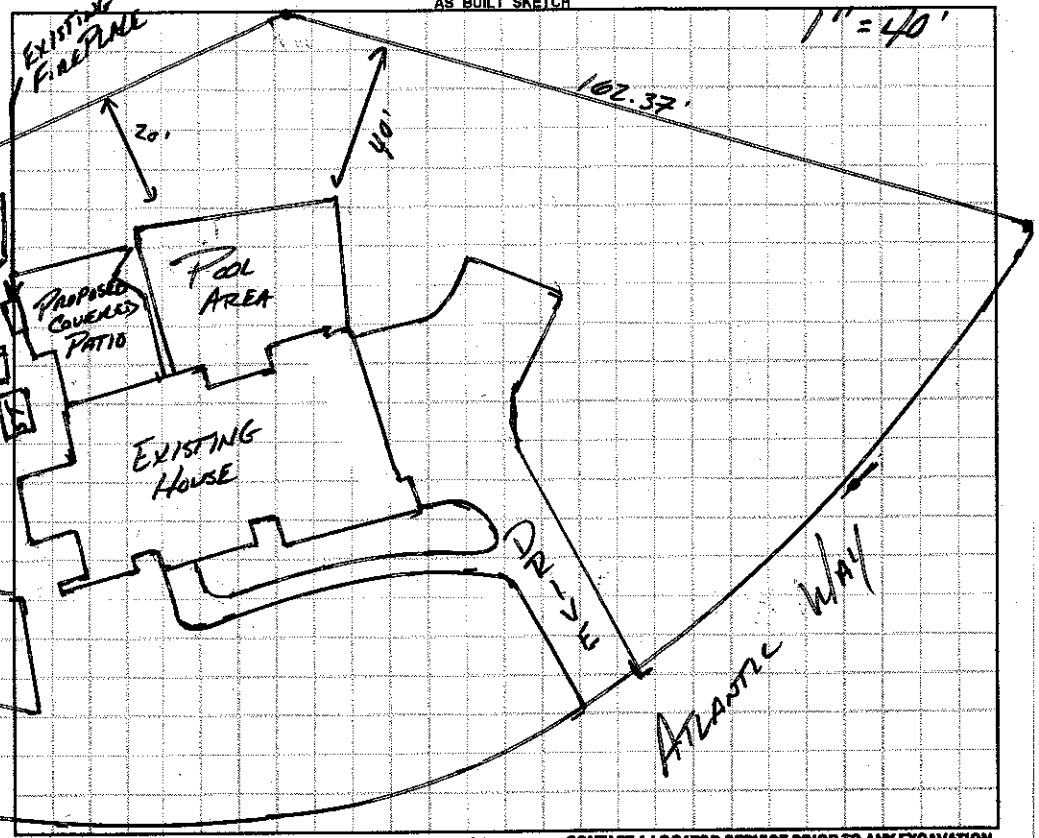
Septic Tank	Existing	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	Existing	(gal)	PT		Date		System Description: Existing LP-PPBPS	☐ Business	No. Persons	10	☐ Private
Pump Make	Ex.	Model	Ex		Serial #		Repair System Description: LP-PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	Ex. 5		Linear Ft:	Ex.	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	Ex.	Max. Trench Bottom Depth	Ex		Gravel Depth	Ex.	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Existing System Inspection For The Addition Of Covered Patio And Pool. Existing Fireplace is 3' From Pump Tank. No New Building Structure Is To Be Less Than 5' From Septic. Pool Area Is To Be At Least 15' From Septic. System Appeared To Be Functioning At Time Of Inspection.

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**

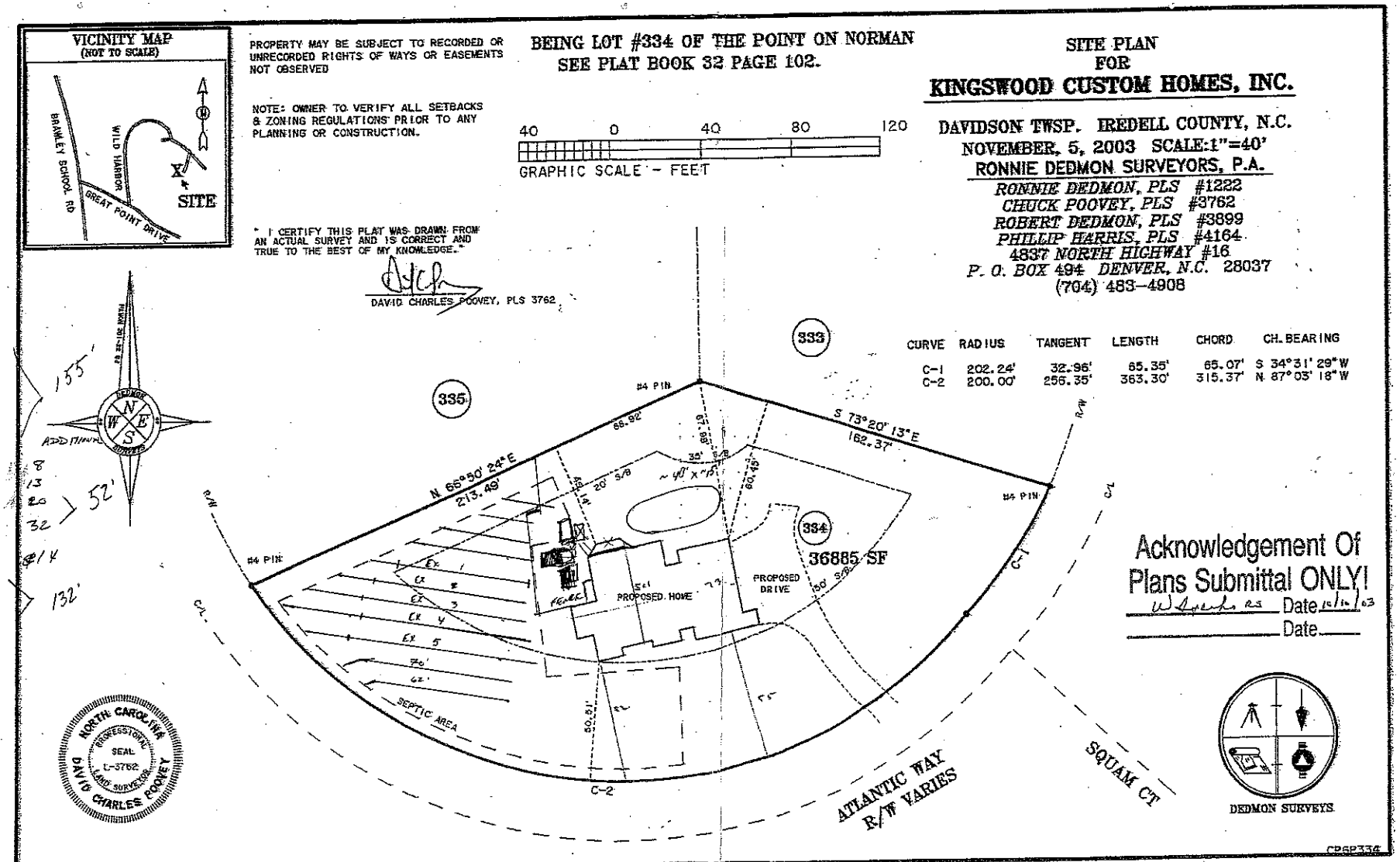
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5/8/15 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 5/8/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: APPROVED APR 27 2015

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



155
+ 132
+ 52
Bottom 132

Existing Fire Place
3" From Pump Tank
Need Maintenance Contract.