IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 154643 PIN# 4626961507 DATE 1-30-200

OWNER OR APPLICANT Scott Hay / Brian Anthony Sylvan PHONE: Business 622-3193 Home 704 799-1692

ADDRESS 120 Tall Oaks Dr Mooresville NC 28117

LOCATION Brawley School Rd TR into Poplar Grove TR lawny Back Dr TL Tall Oaks at end on ric

SUBDIVISION Poplar Grove BLOCK / SECTION ____ LOT 23 LOT AREA ____ SITE CLASS. B DESIGN FLOW 360gpd L.T.A.R. ____

Exist

Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: 1500 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 4 Trench Width Exist Max Trench ~~Bottom Depth~~ ____ Gravel Depth 12" ☐ Gravity ☒ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Exist System Description: Pump-LP-Conventional

Repair System Description: Pump-Inacrative

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

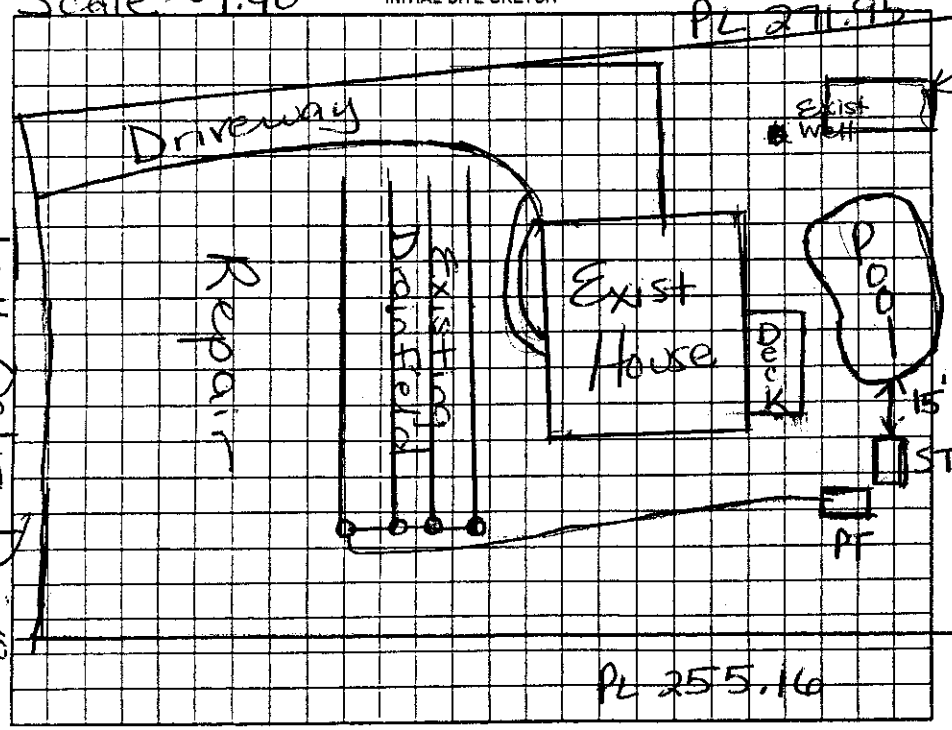
Water Supply: ☒ Individual ☐ Public ☐ Community

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

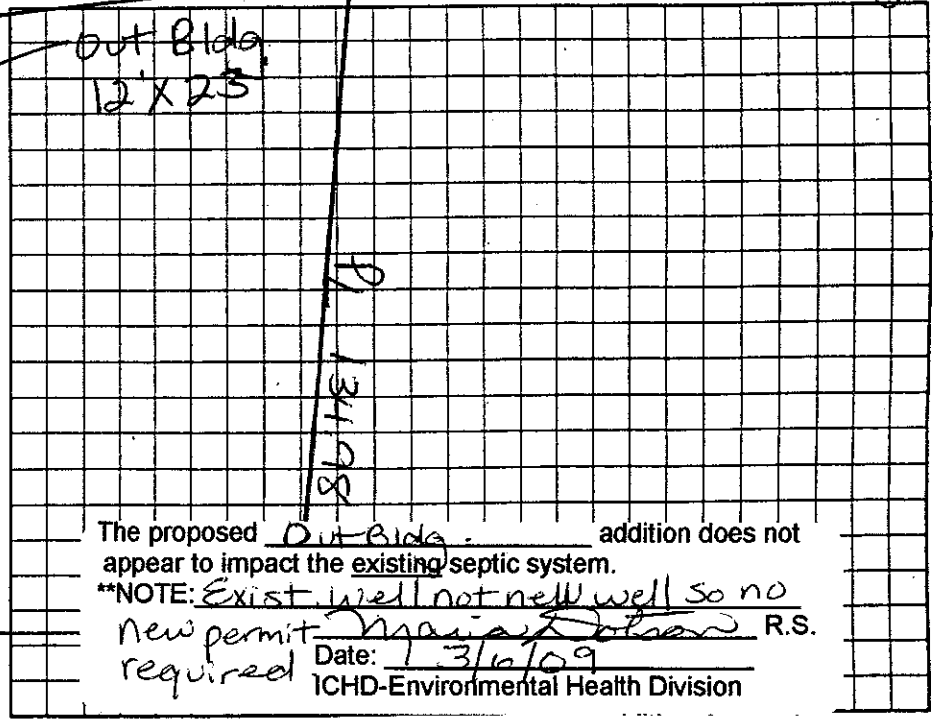
Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments:/Conditions: Must keep pool "cut" at least 15ft from Septic System. Keep any footers for decks at least 5ft from Septic. Decks or Patios Can not cover Septic Syste

Scale ~1:40 INITIAL SITE SKETCH



AS BUILT SKETCH



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

**NOTE: Exist. well not new well so no new permit required

Maria H. Dolan R.S.

Date: 1/30/09

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: [signature] date 2/2/09 Installed by: ____

Improvement Permit by: Maria H. Dolan RS date 1/30/09 Operation Permit by: ____ date ____

Authorization to Construct by: Maria H. Dolan RS date 1/30/09 Existing System Inspection by: Maria H. Dolan RS date 1/30/09

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