IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216058

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

PIN # 4627-10-2242

APPLICANT: Anthony + Sylvian Pools APPLICANT ADDRESS: 9201 C. Southern Pine Blvd. Charlotte, NC

SITE ADDRESS: 488 Lakeview Shores Loop Mooresville, NC PHONE: 704-773-4426 ALT. PHONE:

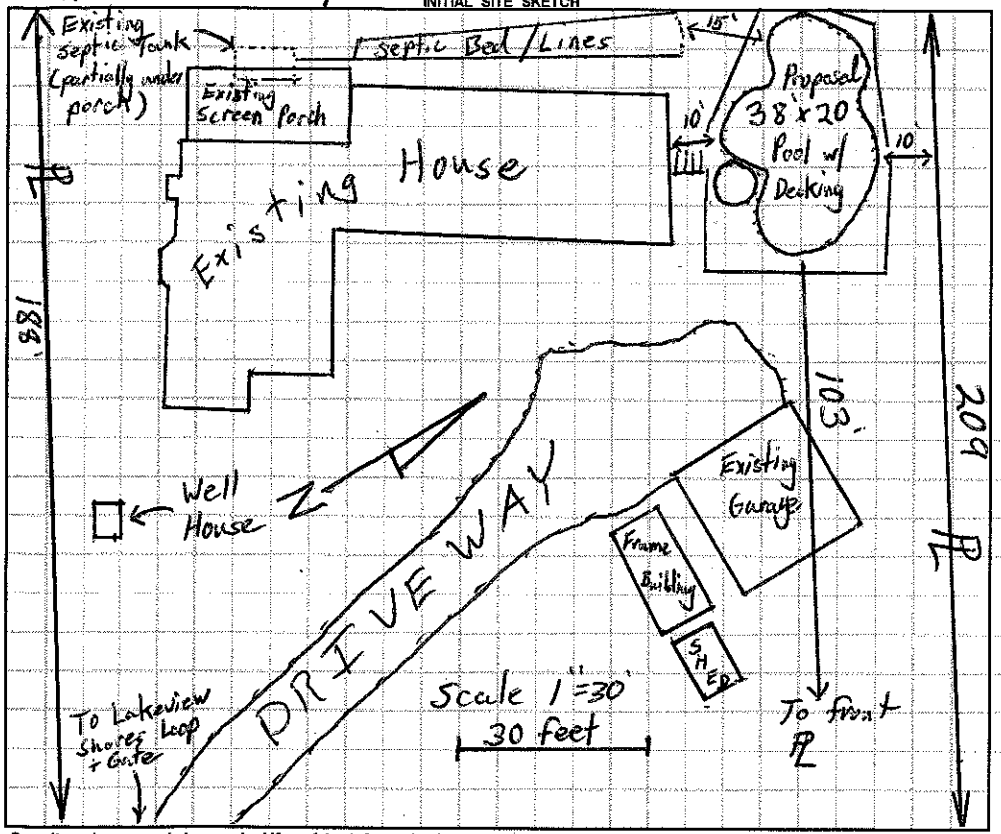
SITE DIRECTIONS: BSR toward Lake Norman → Right on McKendree Rd → Right on Lakeview Shores Loop → on left (adjacent lake)

SUBDIVISION: CL+T SECTION: 8 LOT # 272 LOT AREA: 0.70 acres DESIGN FLOW: 360 gal/day L.T.A.R.: Existing

Septic Tank	Exist	(gal)	STB	—	Date	—	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Existing - conv bed/trench			☐ Business	No. Persons 6	☒ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description:	Existing - Exempt			☐ Other	No. Employees	☐ Public
# Nitrification Fields	Exist	# Lines	Exist	Linear Ft:	Exist		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	Existing	Max. Trench Bottom Depth	Exist	Gravel Depth	Exist		☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Recommend existing septic tank beneath deck be replaced or relocated (collapse hazard) and that the septic tank be pumped every 3-5 years. Health Dept. approval is for pool + decking ONLY and does not speak for other improvements on the property.

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: 3/10/16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 3-8-16

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

Anthony Sylvan Pools - 704-773-4426

Joe + Laura Amaian - 488 Lakeview 845-416-2669

11 am - 1 pm

