IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 240925

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

PIN # 4692 710 6076

APPLICANT/OWNER: Anthony & Sylvan Pools APPLICANT ADDRESS: 9201 Southern Pine Blvd Ste C Charlotte, NC 28273

SITE ADDRESS: 119 Willow Bend Ct. Mooresville, NC 28117 PHONE: 704-773-4411 ALT. PHONE 917 887-7172

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Lakeview Shores PL Abbot TR Willow Bend on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms SECTION: 4 LOT # 505 LOT AREA: 1.983 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

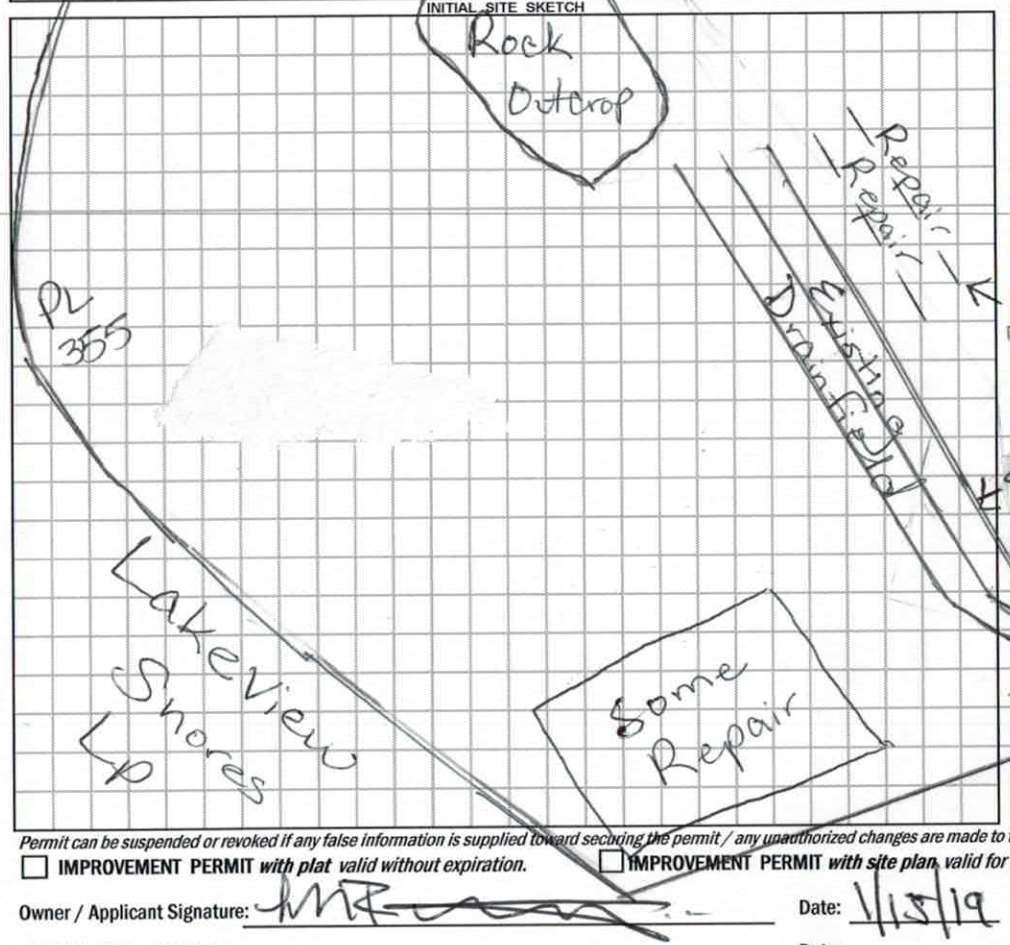
Septic Tank	Exist 1500 (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Existing - Gravity - 25% Red.	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LPP PBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	Existing 3	Linear Ft	405'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

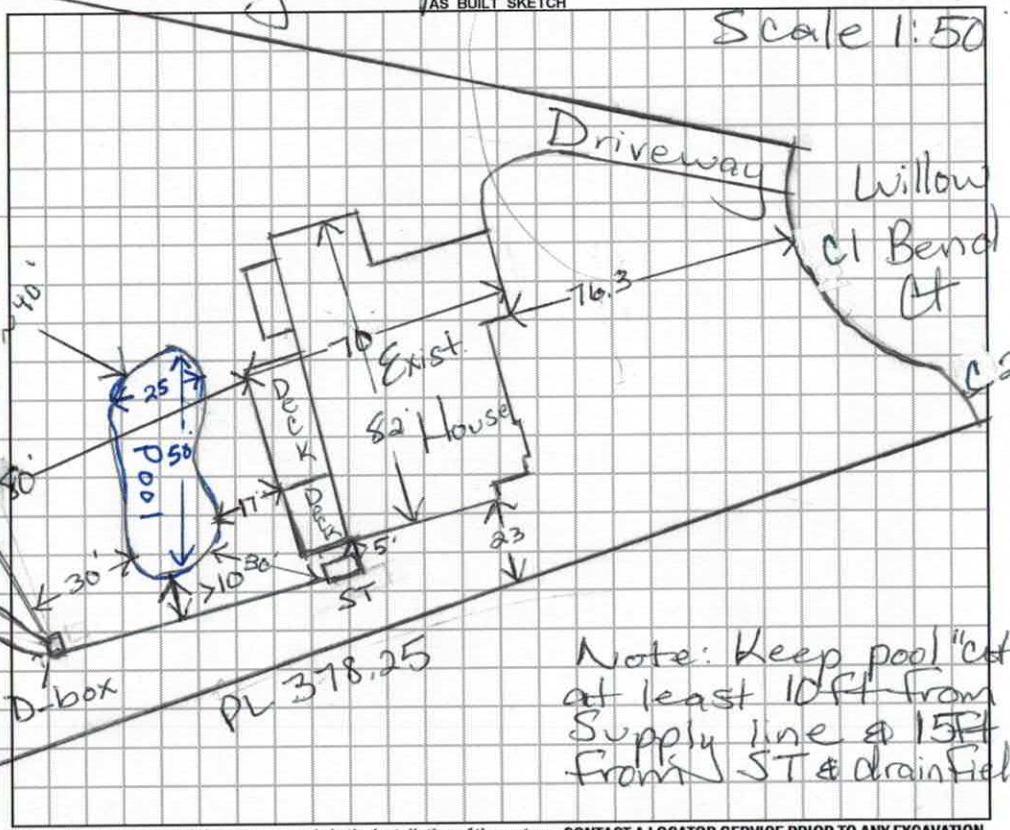
Comments / Conditions:

Existing Septic System appears to be functioning OK at time of inspection. Inground pool should not impact Septic

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: 1/15/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 1/11/19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t[illegible]ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet form* MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Anthony + Sylvia Pools **Address:** 9201 C Southern Dan Blvd **Phone:** 704-773-4416

Owner Name: Daniel Cassinelli **Address:** 119 Willow Bend Ct, Mooresville **Phone:** 901-867-2122

Property Information:

Street Address: 119 Willow Bend Ct

Subdivision Name: The Farm **Section/Phase:** _____ **Lot Number:** 505

Driving Directions: See Attached

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
(✓) Swimming Pool 38' x 21'
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

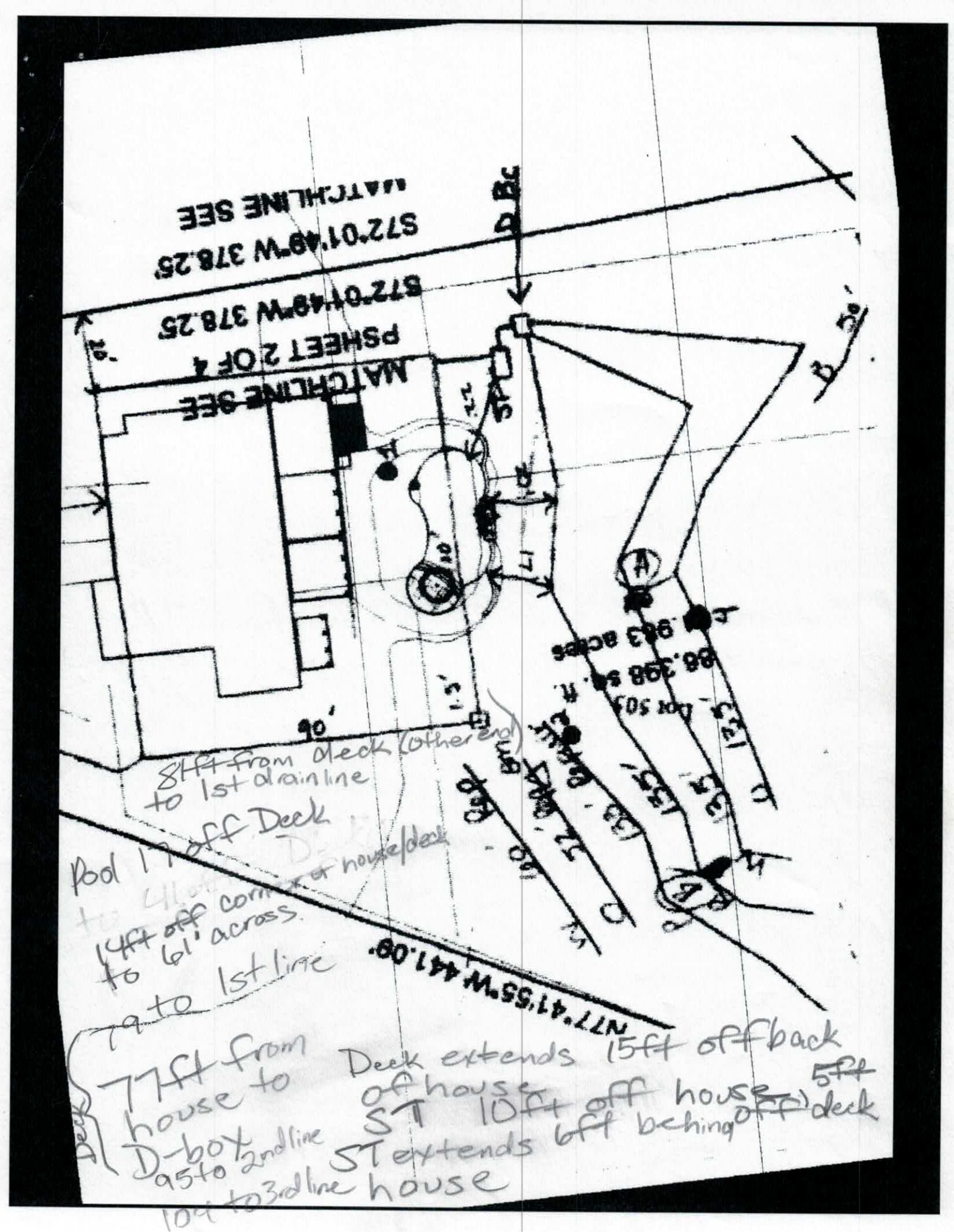
Please answer the following to the best of your ability:

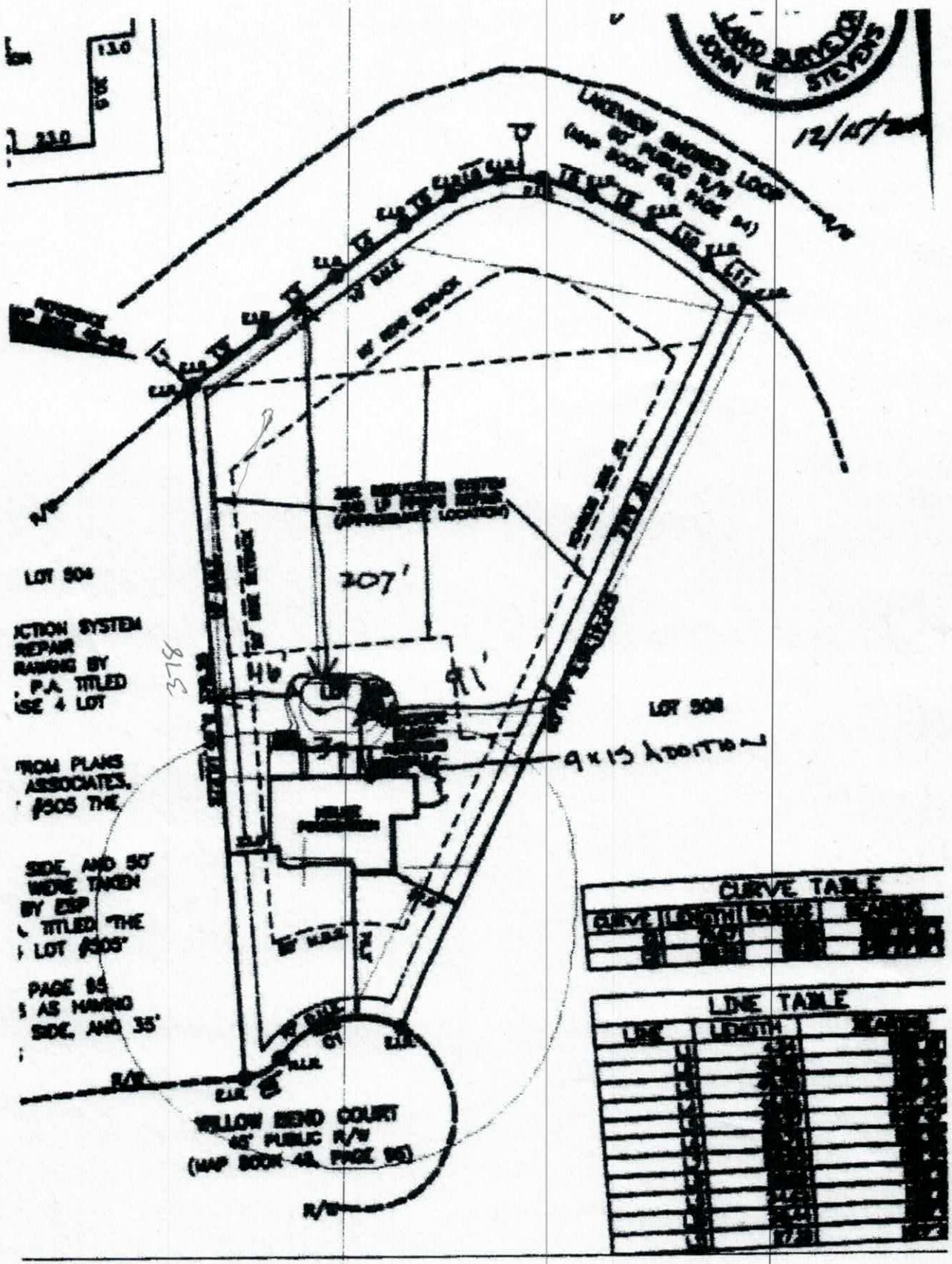
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/13/18
DATE


MATCHLINE SEE
PSHEET 2 OF 4
S72°01'49"W 378.25
MATCHLINE SEE
S72°01'49"W 378.25
N77°41'55"W 441.09'
90'
8ft from deck (other end) to 1st drainline
14ft off corner of house/deck to 61' across
to 1st line
77ft from house to D-box
95 to 2nd line
104 to 3rd line
Deck extends 15ft off back of house
ST 10ft off house
ST extends 6ft beyond deck
house


LAND SURVEYOR
JOHN W. STEVENS
12/15/
LAKEVIEW SHORES LOOP
(Map Book 48, Page 84)
LOT 504
207'
91'
46'
LOT 506
9 x 15 ADDITION
CURVE TABLE
LINE TABLE
WILLOW BEND COURT
40' PUBLIC R/W
(MAP BOOK 48, PAGE 95)