IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210518

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

PIN # 4629644469

APPLICANT: DAVIS Mitchell APPLICANT ADDRESS: 117 Penicillin PT TROUTMAN NC 28166

SITE ADDRESS: 1516 SUNSET BAY Drive Troutman, NC 28166 PHONE: 7643639154 ALT. PHONE: N/A

SITE DIRECTIONS: 21 SOUTH (R) PERTH RD (R) STATE Park RD (L) Morrison FARM (R) SUNSET BAY DRIVE LOT # 16 ON RIGHT

SUBDIVISION: Sunset BAY SECTION: N/A LOT # 16 LOT AREA: 1.867 ACRE DESIGN FLOW: 360 L.T.A.R.: .3

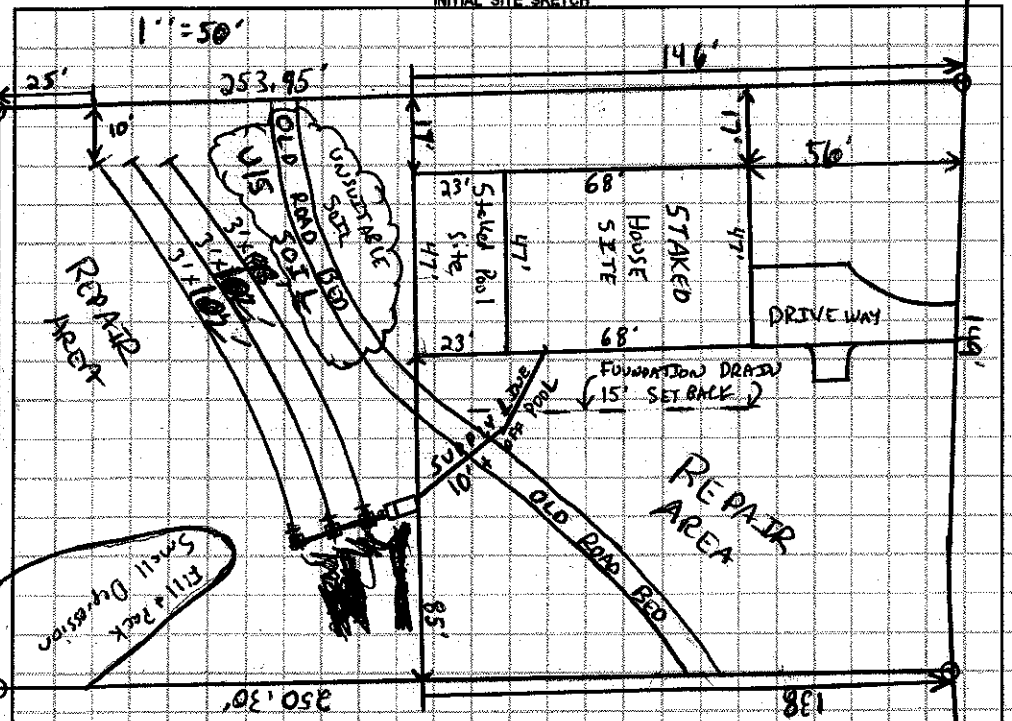
Septic Tank	1000 (gal)	STB	10 12	Date	8-8-14	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% REDUCTION			☐ Business	No. Persons 2
Pump Make		Model	Tuftite	Serial #	EF-4	Repair System Description:	Low Pressure 50% REDUCTION			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

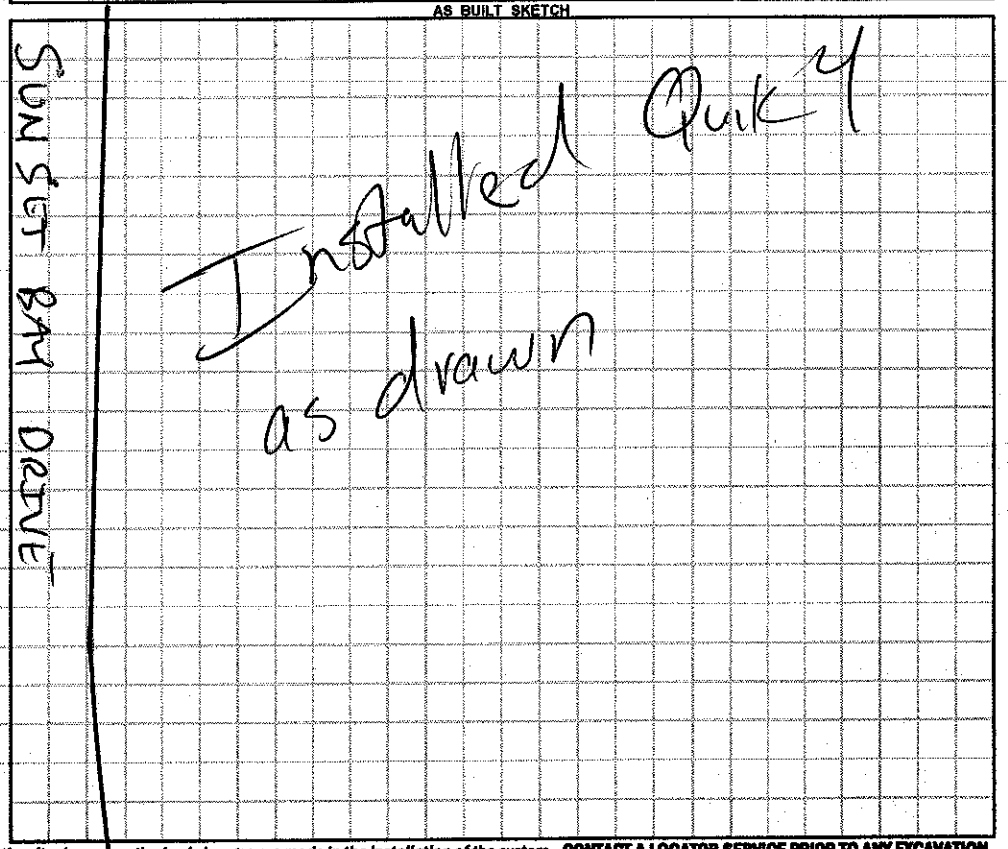
Comments / Conditions: ① Fill & PACK OLD ROAD BED & SMALL Depression. ② Contour elevations flessed at lowest points in septic lines due to bumps and bumps. Grade out uniformly to lowest points in contours and do not cut. ③ Install lines on contours as drawn and maintain setbacks.

④ Supply lines must be 10' minimum from pool & septic system must be 15' minimum from pool.

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: Date: 6-17-15 Installed by: Tommy Ivey

IMPROVEMENT PERMIT by: Date: 6-15-15 OPERATION PERMIT by: Date: 03/03/16

AUTHORIZATION TO CONSTRUCT by: Date: 6-15-15 Existing System Inspected by: Date:

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