BF

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201962

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

PIN # 4635-49-9269 ✓

APPLICANT: Jayson Poluka APPLICANT ADDRESS: 161 Southwood Park Rd Mooresville NC 28117

SITE ADDRESS: 161 Southwood Park Rd Mooresville NC PHONE: 623-261-4460 ALT. PHONE:

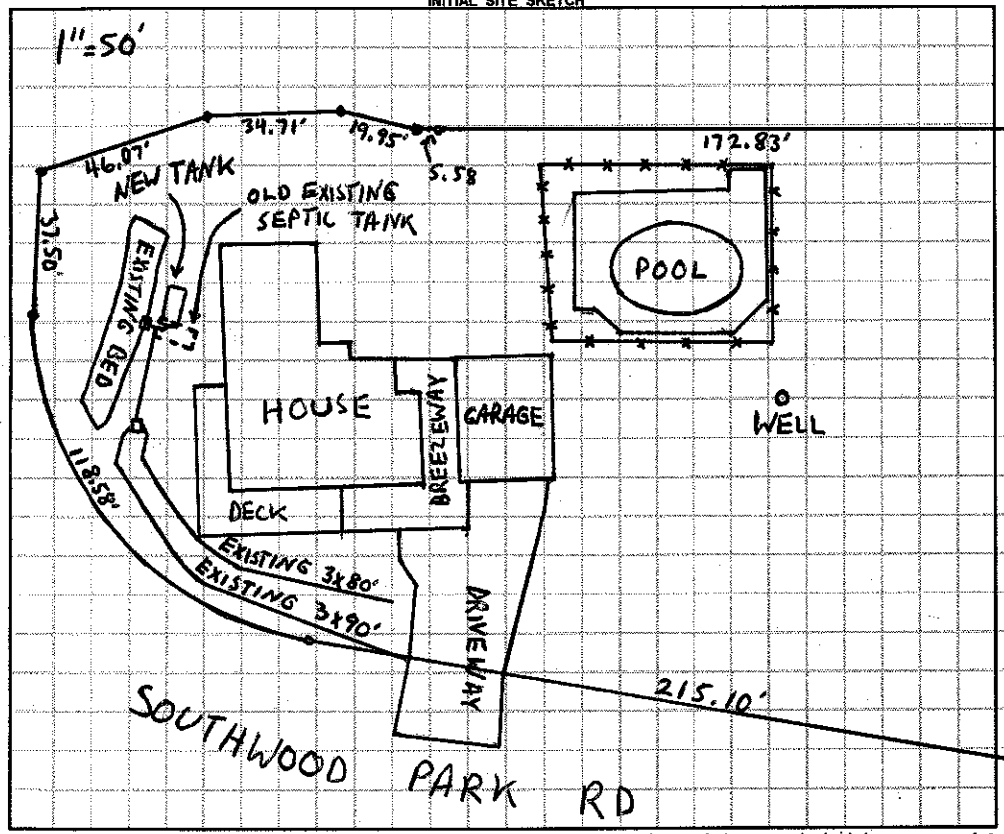
SITE DIRECTIONS: Brawley Sch Rd, TL on Stutts Rd, TR on Southwood Park Rd, Lot on R past Crescent Place

SUBDIVISION: Marina Village SECTION: LOT # 3 LOT AREA: 0.98 DESIGN FLOW: 360 gpd L.T.A.R.:

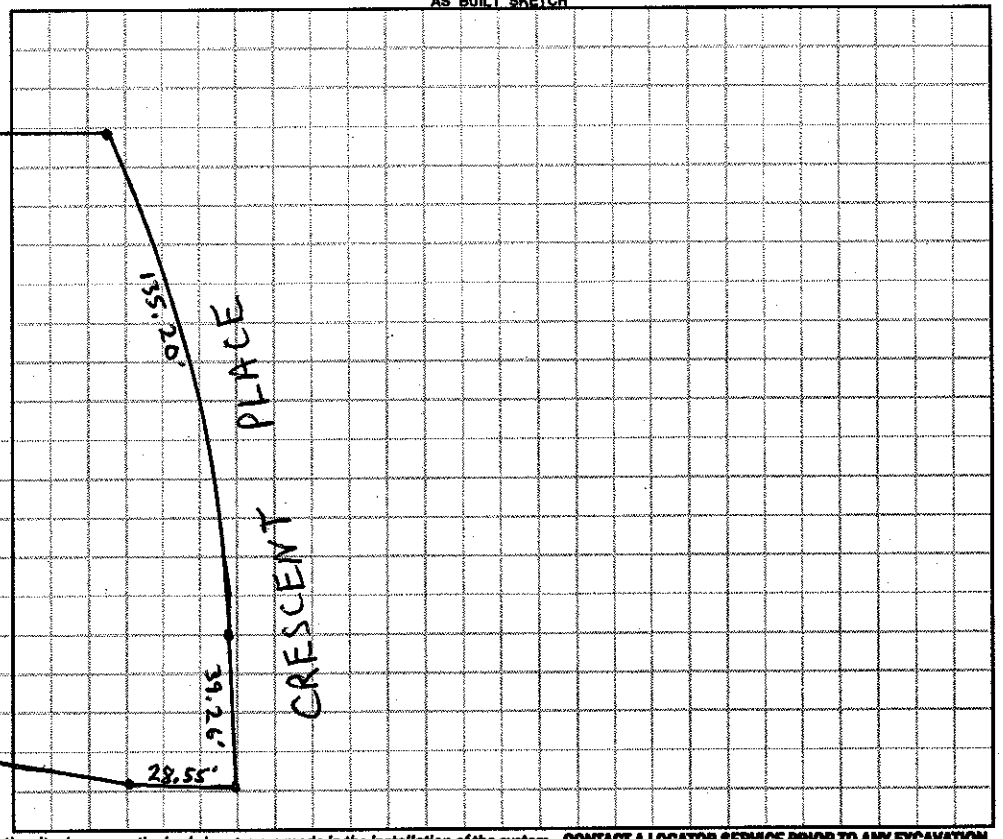
Septic Tank 1000 (gal)	STB	Date	☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description:	☐ Business	No. Persons 6	☑ Private
Pump Make	Model	Serial #	Repair System Description: EXISTING	☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines	Linear Ft:	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width EXISTING	Max. Trench Bottom Depth	Gravel Depth	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: * Replace Existing Tank with New Tank, Old Tank to be pumped crushed and backfilled or removed

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: 2/27/15 Installed by: Waste Water Solutions

IMPROVEMENT PERMIT by: [signature] Date: 4-7-14 OPERATION PERMIT by: [signature] Date: 4-24-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4-7-14 Existing System Inspected by: Date:

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