IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217581

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

PIN # 4636-12-4370.000

APPLICANT: Doug Phillips APPLICANT ADDRESS: 113 Sandy Cove Ct. Mooresville NC

SITE ADDRESS: 113 Sandy Cove Ct. Mooresville NC 28117 PHONE: 704-534-2477 ALT. PHONE:

SITE DIRECTIONS: 152, TL Town of Piner, TR Cove Creek, TL Sandy Cove Ct. Site @ End on L

SUBDIVISION: Chesapeake Pointe SECTION: 3 LOT # 60 LOT AREA: .71 Acre DESIGN FLOW: Ex 480 GPD L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank Existing (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex. # Lines Ex. 3 Linear Ft: Ex.

Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth N/A

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

System Description: Existing - 25% Reduction - Pump

Repair System Description: LS - PASPS

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms Ex. 4

☐ Business No. Persons Ex. 8

☒ Other Pool & Retaining Wall No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

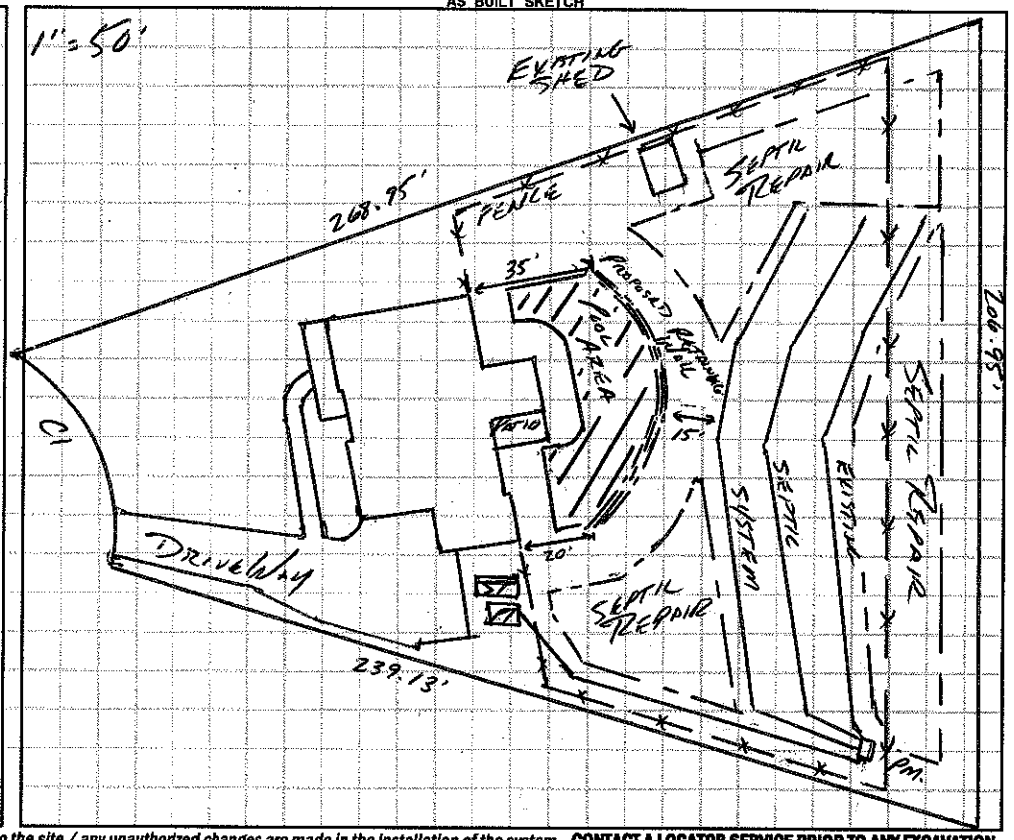
Comments / Conditions: This Permit is for Pool & Retaining Wall Additions. Maintain 15' from Septic. System Assumed To Be Functioning @ Time Of Inspection.

INITIAL SITE SKETCH

Sandy Cove Ct.

AS BUILT SKETCH

1" = 50'



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: Doug P. Phillips Date: 3/5/2016 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED MAY 05 2016

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