IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 162 353 PIN # 4636344615 DATE 7-30-2010

OWNER or APPLICANT Anthony & Sylvan Pools PHONE: Business Home:

OWNER or APPLICANT ADDRESS 8334A Arrowridge Blvd Charlotte, NC 28273

LOCATION / DIRECTIONS Brawley School Rd TL Stotts Rd TR Fairway Dr at end #166 Fairway Dr.

SUBDIVISION Fairway Estates BLOCK / SECTION LOT # 226 LOT AREA 1.25Ac DESIGN FLOW 360gpd L.T.A.R. .3

Exist

Septic Tank 1000 Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300'

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required ☐ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

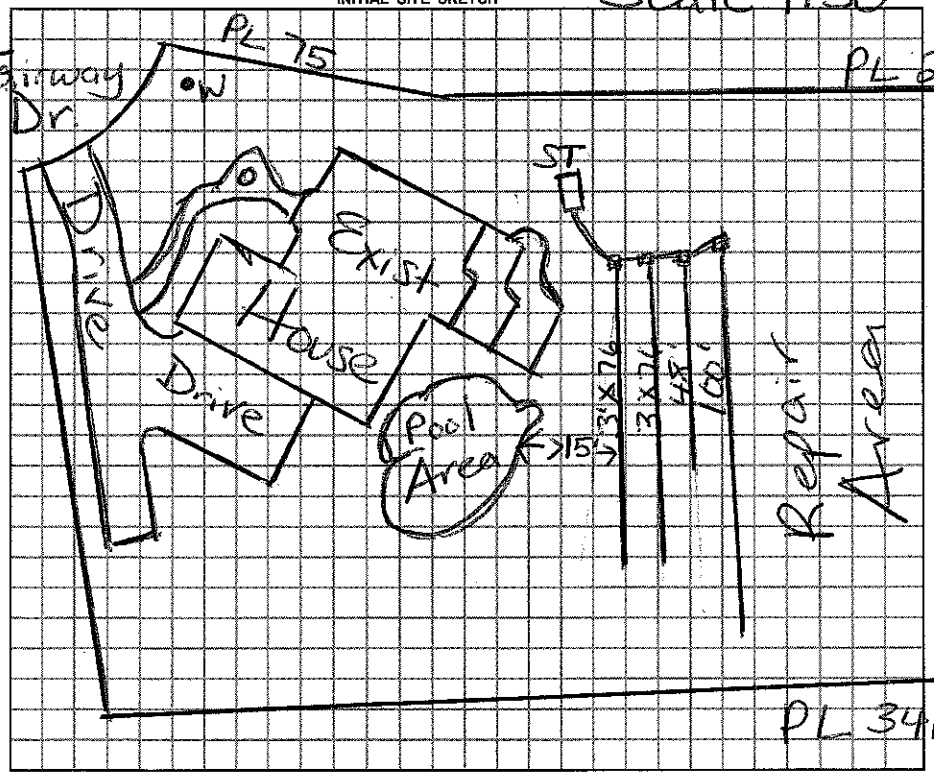
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

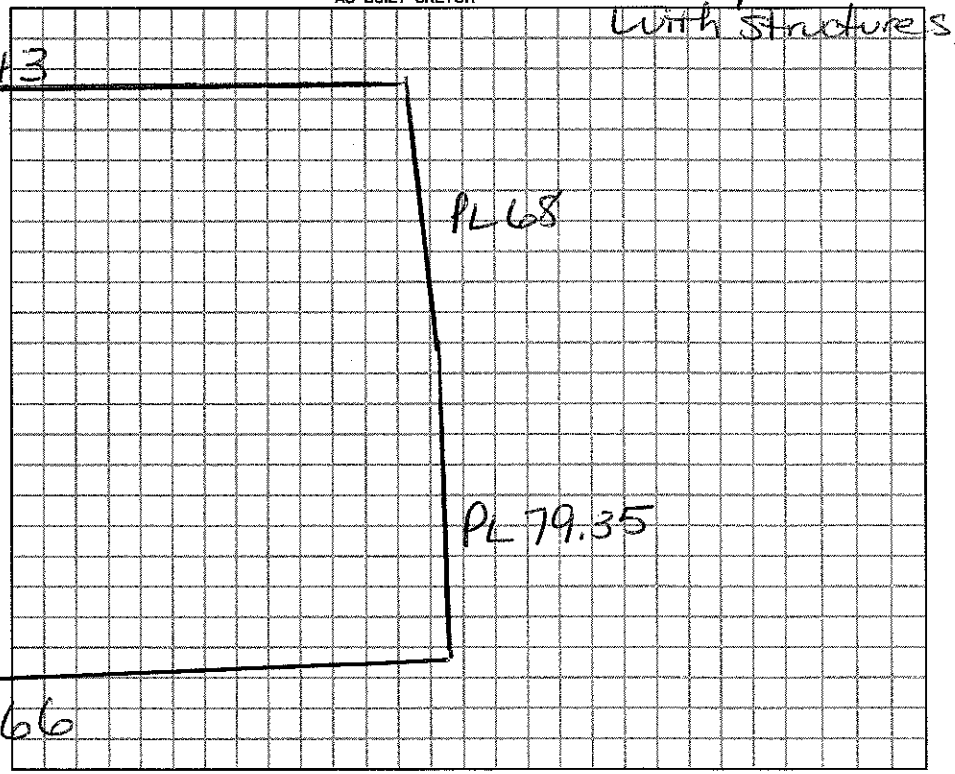
Comments / Conditions: Existing Septic System Appears to be Functioning Okay at time of inspection.

Comments / Conditions: Must keep pool "cut" at least 15Ft from Septic System. Any other Structures (Sidewalks) must not Cover Drain Field or ST Keep 5Ft setback with Structures.

INITIAL SITE SKETCH Scale 1:50



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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: X [signature] Date 7/30/10

Improvement Permit by: [signature] Date 7/30/2010

Authorzation to Construct by: Date

Installed by:

Operation Permit by: Date

Existing System Inspected by: [signature] Date: 7/30/2010

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant