IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 1164575 PIN # 4636421457 DATE 12-13-2010

OWNER or APPLICANT Anthony Sylvan Pools/Chad Dewval PHONE: Business Leah 704 773-4426 Home:

OWNER or APPLICANT ADDRESS 142 Preserve Lway Mooresville NC 28117

LOCATION / DIRECTIONS Brawley School Rd TL Isle of Pines TL Isle Run Dr TL Preserve Lway on right

SUBDIVISION Cove @ Chesapeake BLOCK / SECTION LOT # 18 LOT AREA .77Ac DESIGN FLOW 480gpd I.D.A.R. .3

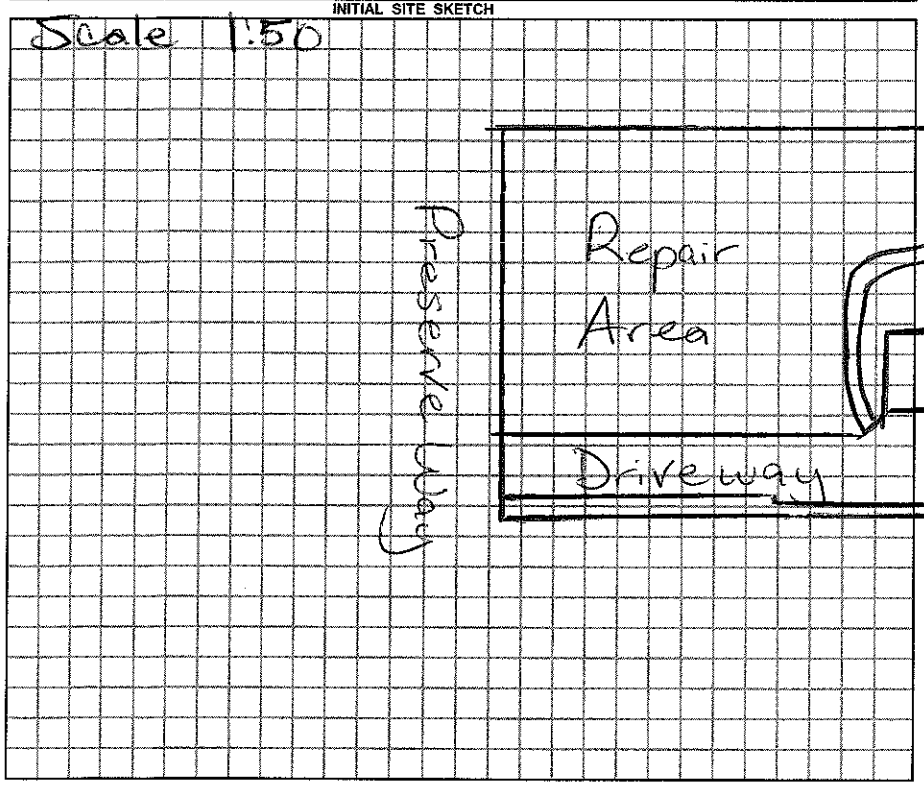
Septic Tank	1000	Gallons: STB	794	Date	7-24-06	☐ New System	☐ Repair	☐ Expansion System	Type I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000	Gallons: PT	27	Date	6-6-06	System Description:	Exist: Pump-LP-Panel Blk			☐ Business	No. Persons	☐ Private
Pump Make	Myers	Model	MEP	Serial #		Repair System Description:	Same			☐ Other	No. Employees	☒ Public
Nitrification Field	No. Fields 1	No. Lines 4	Linear Feet	280'		Maintenance Agreement Required	☒ YES	☐ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width	24 min	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Existing Septic System appears to be Functioning okay at time of inspection

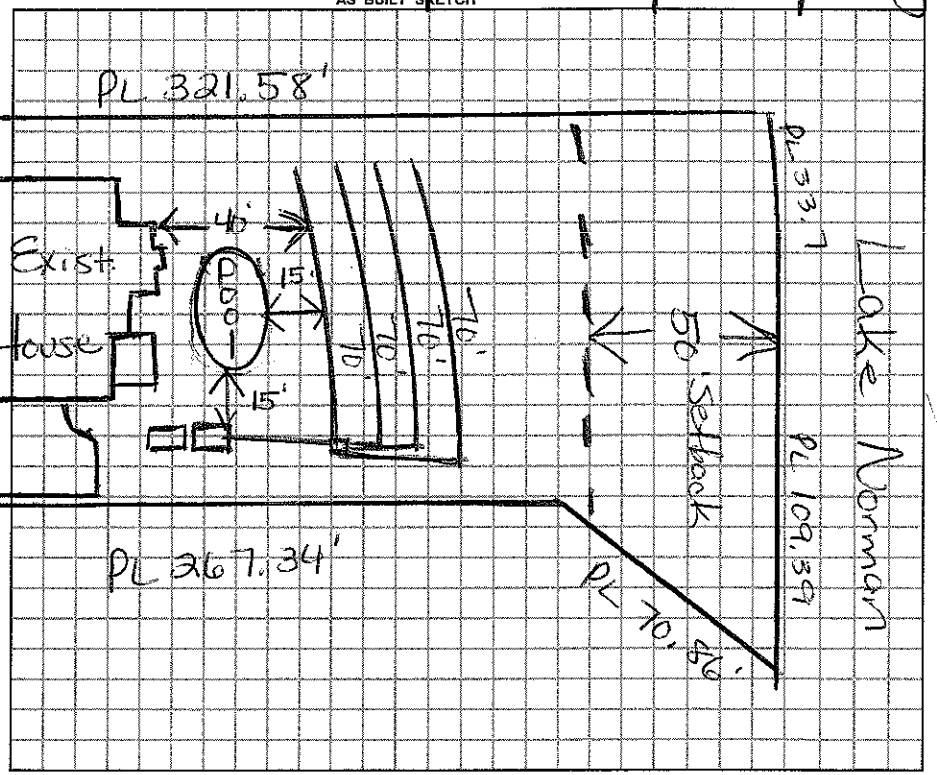
Comments / Conditions: ★Must keep "pool cut" at least 15ft from Septic System
★Must keep current with Contract to have Certified Operator inspect Septic System.

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: [signature] Date 12/14/10

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: [signature] RS Date: 12/13/2010

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