IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119086 PIN# 4639 ~~235078~~ 223253 DATE 8/12/05

OWNER OR CONTRACTOR EFC / Shawn Amirehsani PHONE: Business 664-8047 Home

ADDRESS

LOCATION

SUBDIVISION Beacon Pt BLOCK / SECTION 4 LOT 22 LOT AREA SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1600 Gallons; STB 312 Date 12-5-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

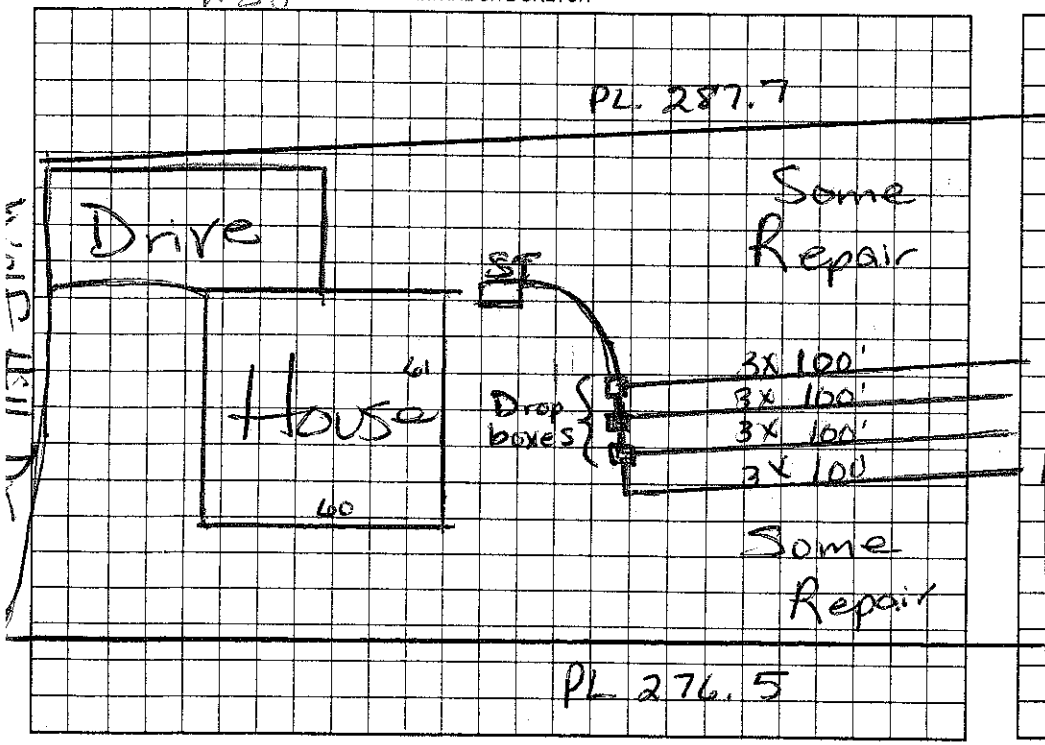
Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions:

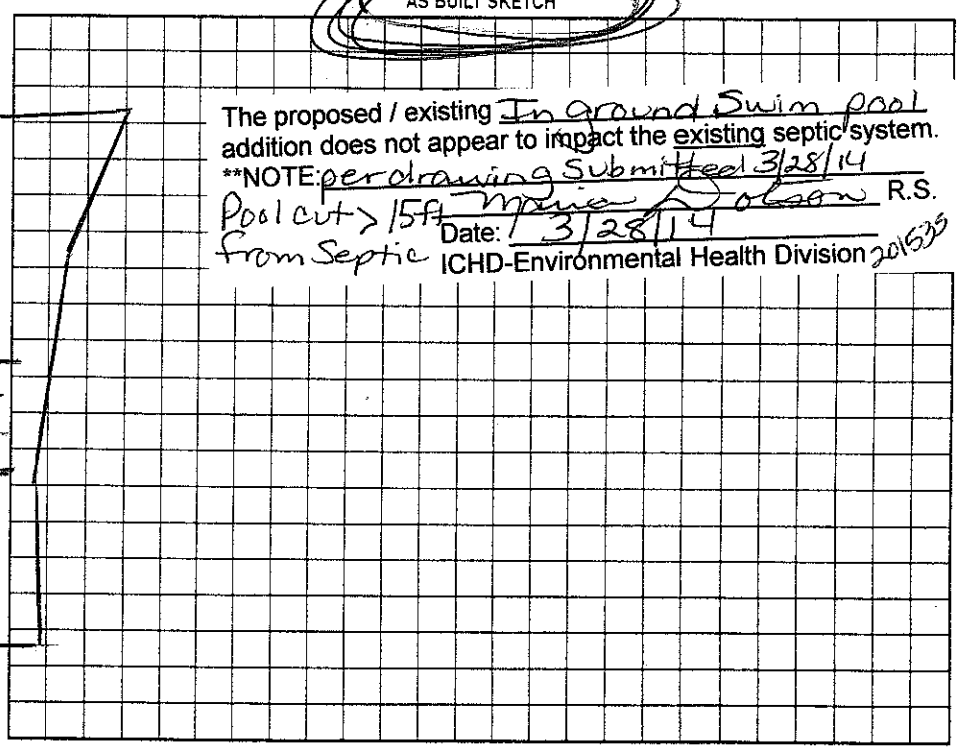
Comments:/Conditions: Installed Grav-Quick 4 (with ~ 24"-30" of Cover)

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing In ground Swim pool addition does not appear to impact the existing septic system.
**NOTE: per drawing Submitted 3/28/14
Pool cut > 15ft from Septic
Maria A Dolson R.S.
Date: 3/28/14
ICHD-Environmental Health Division 201635

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date Installed by:

Improvement Permit by: date Operation Permit by: Maria A Dolson date 8/12/05

Authorization to Construct by: date Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK