BA

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216814

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

PIN # 4606456 1783

APPLICANT: Jesse Davis / DEO LLC APPLICANT ADDRESS: P.O. Box 1529 6888 Summer Hill Dr. Denver, NC 28037

SITE ADDRESS: 124 Elizabeth Brook Dr. Davidson, NC 28036 PHONE: 704 733 8831 ALT. PHONE: 704 201 7728

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Logan TR Elizabeth Brook at end on right

SUBDIVISION: Anniston SECTION: 1 LOT # 41/41A LOT AREA: 1.005 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .25

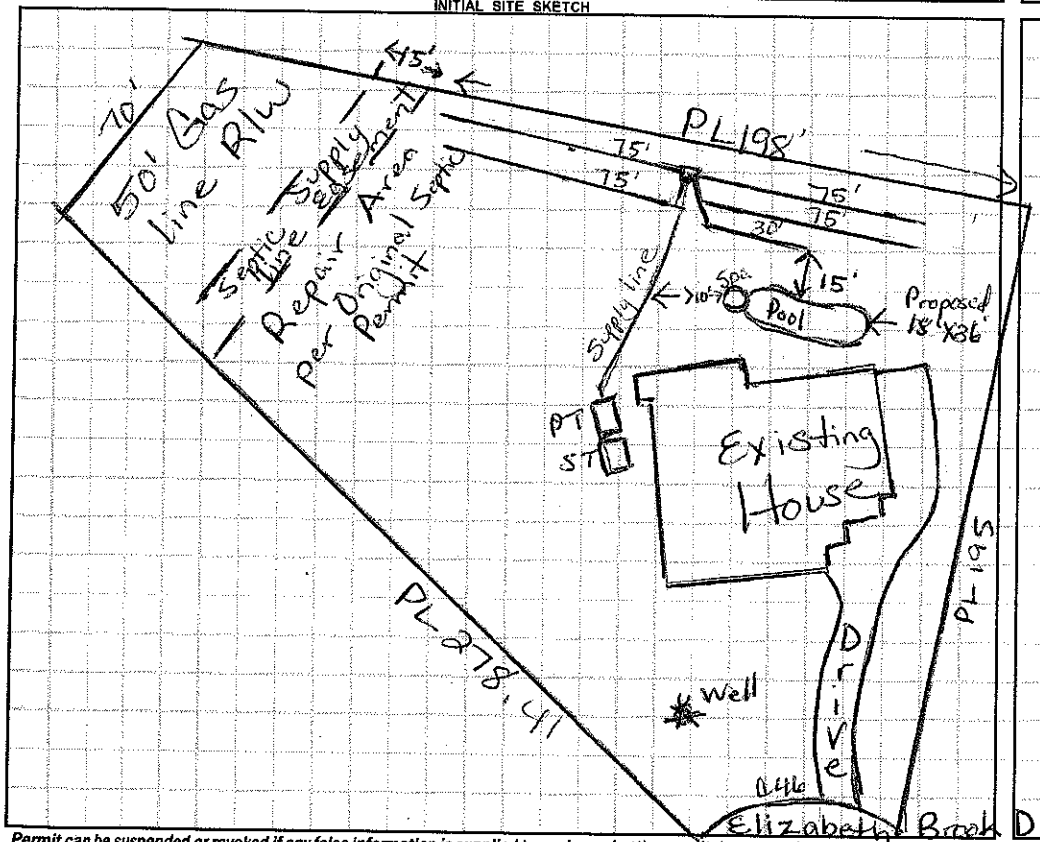
EXIST
EXIST

Septic Tank	1000 (gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT		Date		System Description: Exist.			LPPPBPS	☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description:			Same	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	320	Maintenance Agreement Required:		☒ YES	☐ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A			☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Must keep pool "cut" at least 15ft from Septic System & 10ft from Supply line.

The proposed in ground swimming pool meets Setbacks to well & Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:60

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: _____ Date: 4-8-16 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Marian Dotson RS Date: 4/7/16

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