IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 217765

BA

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

PIN # 4664-57-5235 ✓

APPLICANT: Dez Ward | APPLICANT ADDRESS: 2311 Village Lake Drive Charlotte NC 28212

SITE ADDRESS: 105 Elizabeth Brook Drive Davidson, NC | PHONE: 704-944-1350 | ALT. PHONE: 704-900-1182

SITE DIRECTIONS: Shearers Rd South from Mooresville → Left on Anniston Way → Right on Logan Crossing Dr → Right on Elizabeth Brook to Left

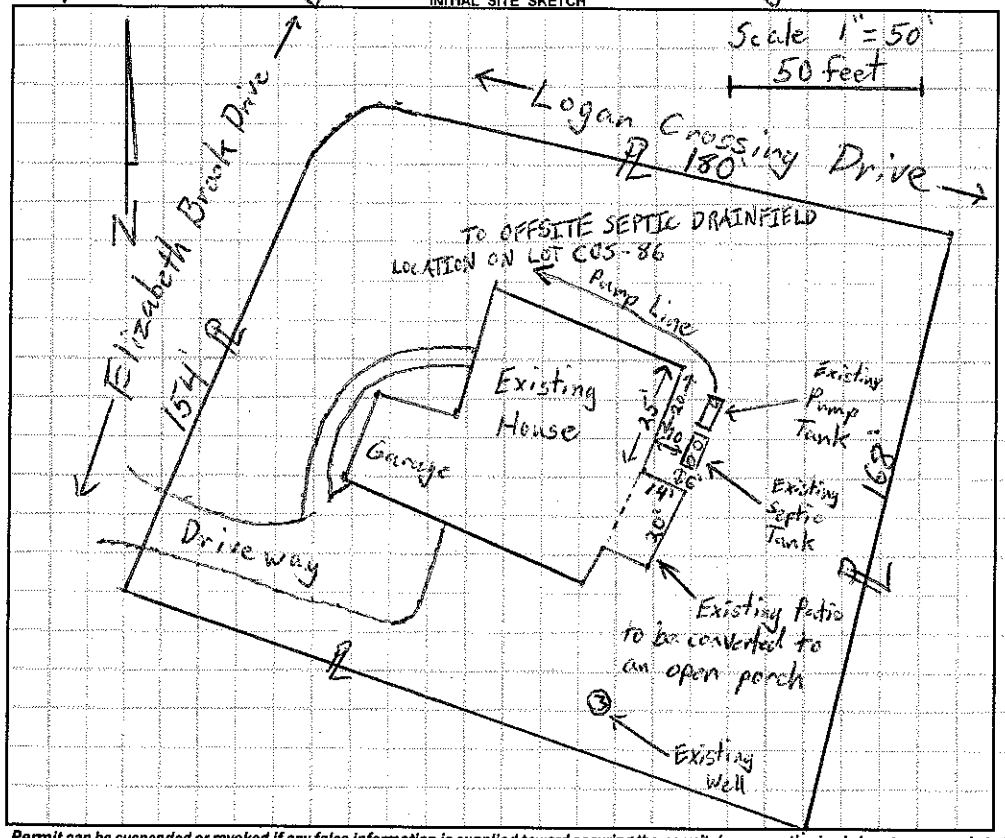
SUBDIVISION: Anniston | SECTION: 1 | LOT # 36 | LOT AREA: 0.728 acres | DESIGN FLOW: 480 gal/day | L.T.A.R.: 0.25 Ex

Septic Tank	1000 Ex (gal)	STB	794	Date	8/24/05	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 Ex (gal)	PT	283	Date	8/29/05	System Description:	Existing - Offsite 25% Reduction PM	☐ Business	No. Persons 8
Pump Make	Gowlds	Model	WE1012H	Serial #		Repair System Description:	Existing - Offsite LP-PPBPS	☐ Other	No. Employees
# Nitrification Fields	1 Ex	# Lines	5 Ex	Linear Ft:	500 Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36" Ex	Max. Trench Bottom Depth	36" Ex	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Approval is for a 14'+20' existing raised patio to be converted to an open porch. The side + location of the structure is to remain the same. Recommend pumping septic tank every 3-5 years + eliminating all non-grass vegetation within 10' of all sewage disposal system components.

INITIAL SITE SKETCH



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. **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: [signature] Date: 5/2/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shook Date: 4-29-2016

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