IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 158688 PIN # 4660 46 61 1352 DATE 10-27-09

OWNER or APPLICANT Anthony & Sylvan Pools/Keith West PHONE: Business 704 363-5748 Home: 704 525-1100

OWNER or APPLICANT ADDRESS 8334-A Artowridge Blvd Charlotte, NC 28031

LOCATION / DIRECTIONS Shearers Rd South TL ~~Logan~~ Anniston Way TR Logan's Crossing attend to left in cul de sac

SUBDIVISION Anniston BLOCK / SECTION LOT # 27 LOT AREA .977Acres DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank 1000 Gallons: STB 794 Date

Pump Tank 1000 Gallons: PT 283 Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 400

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

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

System Description: Existing Offsite Pump -25% Reduction

Repair System Description: Same

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

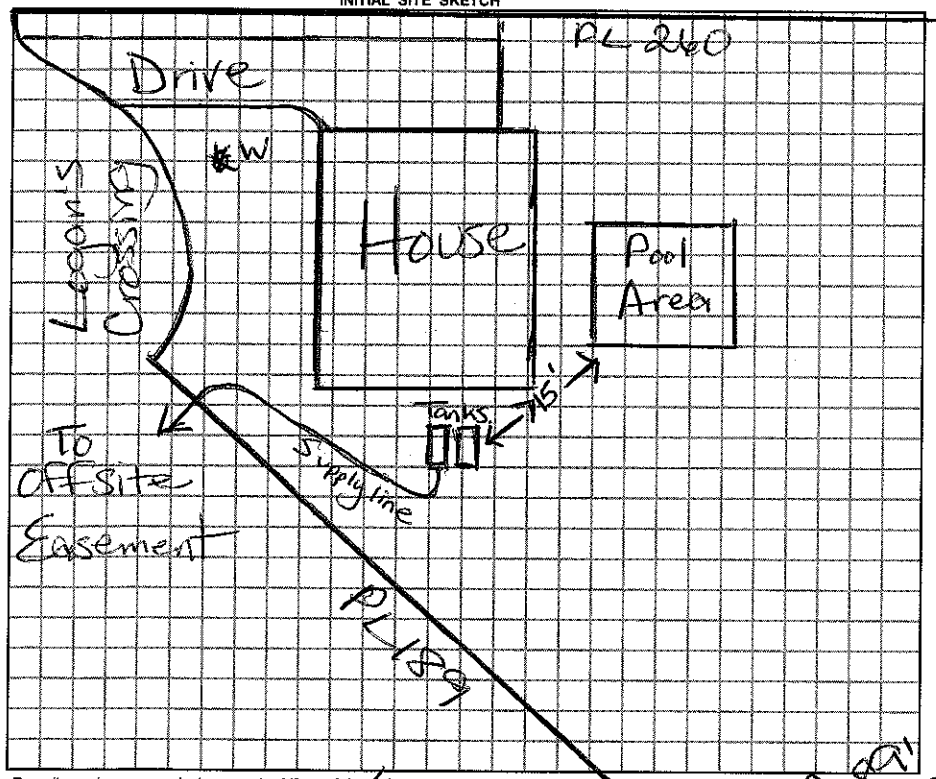
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

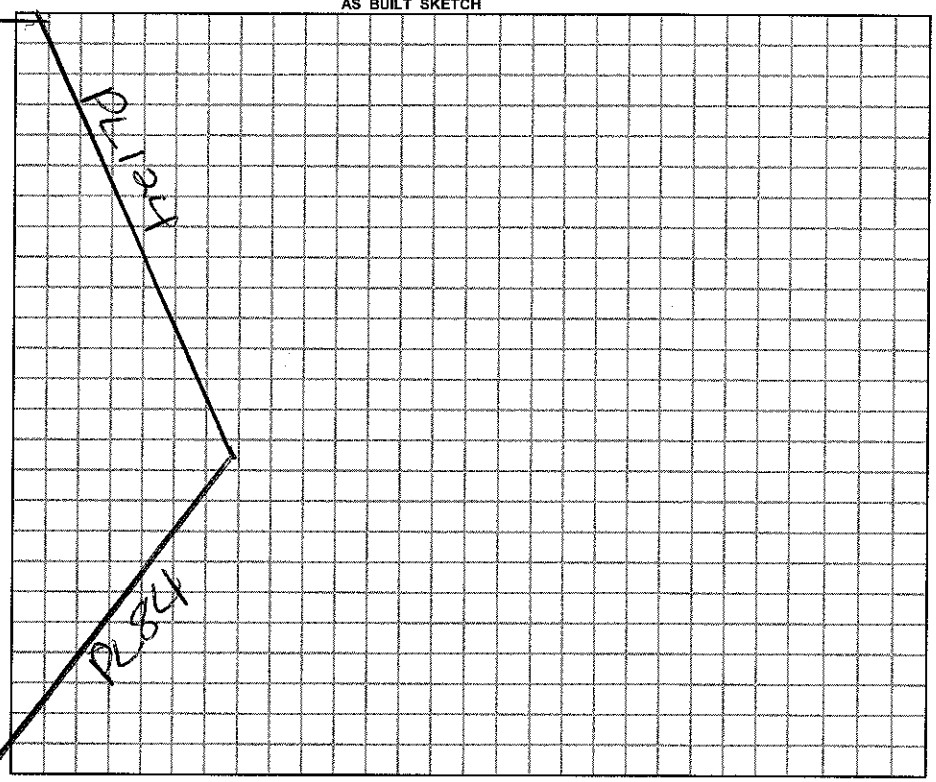
Comments / Conditions: Existing Septic tank (ST) & Pump Tank are greater than 15ft From Swimming Pool. Septic Drainfield is located off site.

Comments / Conditions: Swimming Pool should not impact Septic System.

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.

☐ *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 10/28/09

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] Date: 10-28-09

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