IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209202

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

PIN # 4664784840

APPLICANT: Douglas Klein / DEO LLC APPLICANT ADDRESS: 4547 Sawgrass Ct Denver, NC 28037

SITE ADDRESS: 140 Timberside Dr Davidson, NC 28036 PHONE: 704 498 8266 ALT. PHONE: 770-597-5891

SITE DIRECTIONS: Shearers Rd TL Anniston Way TL Timberside Drive House on right

SUBDIVISION: Anniston SECTION: LOT # 114 LOT AREA: .75Ac DESIGN FLOW: 600gpd L.T.A.R.:

Septic Tank	1500	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1500	(gal)	PT		Date		System Description:	Pump-PM -25% Reduction			☐ Business	No. Persons	8	☒ Private
Pump Make			Model		Serial #		Repair System Description:	LPP BPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft:	500'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

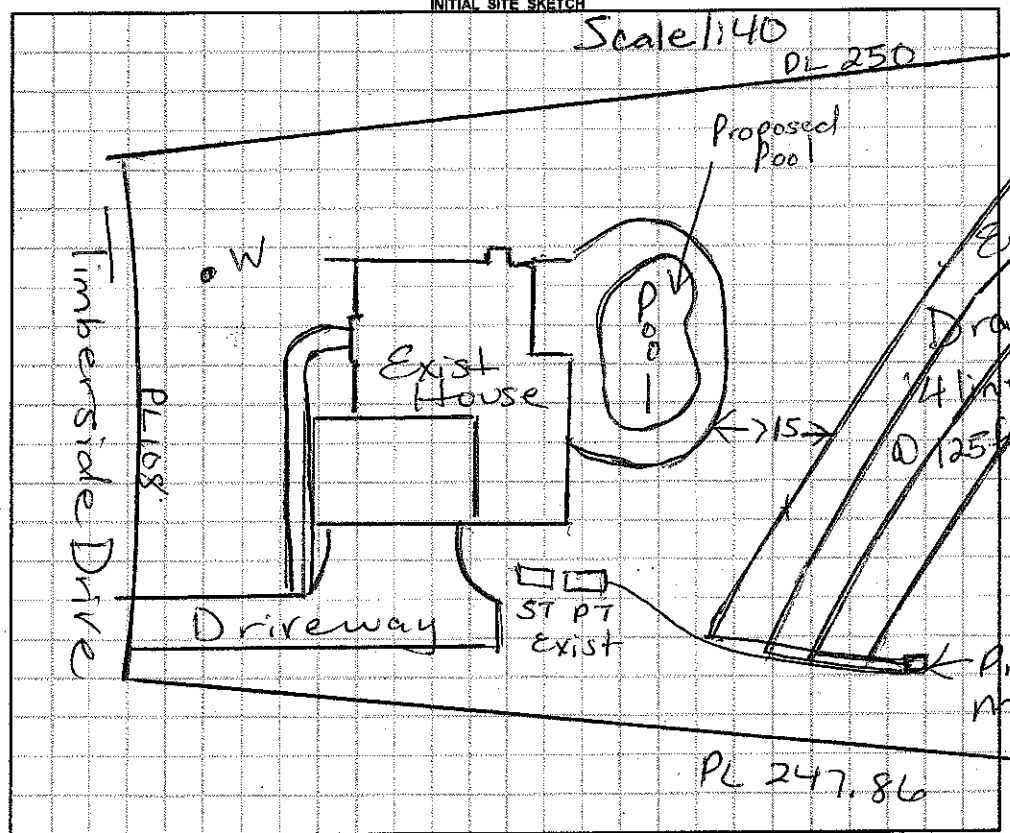
Existing

Existing

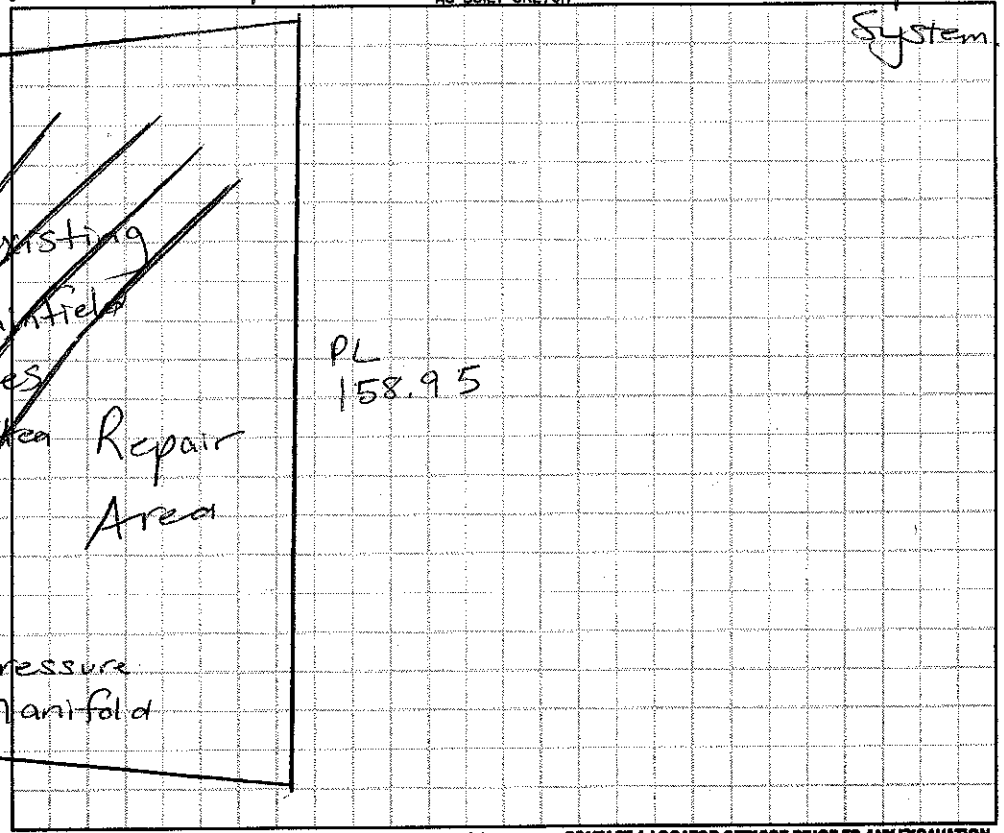
Comments / Conditions: Septic System had maint. done by Rollans Soil & Environmental 4/9/15

The proposed inground swimming pool does not appear to impact existing Septic System.
* Must keep Pool cut" at least 15ft from 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. **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: 4-21-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria H. Dotson RS Date: 4/17/15

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