MD

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217360

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

PIN # 4669-97-2068

APPLICANT: Keith A. Sultjana APPLICANT ADDRESS: 109 Walking Horse Trail Davidson, NC 28036

SITE ADDRESS: 132 Overlook ~~Court~~ Davidson, NC 28036 PHONE: 704-360-4219 ALT. PHONE: 216-469-7587

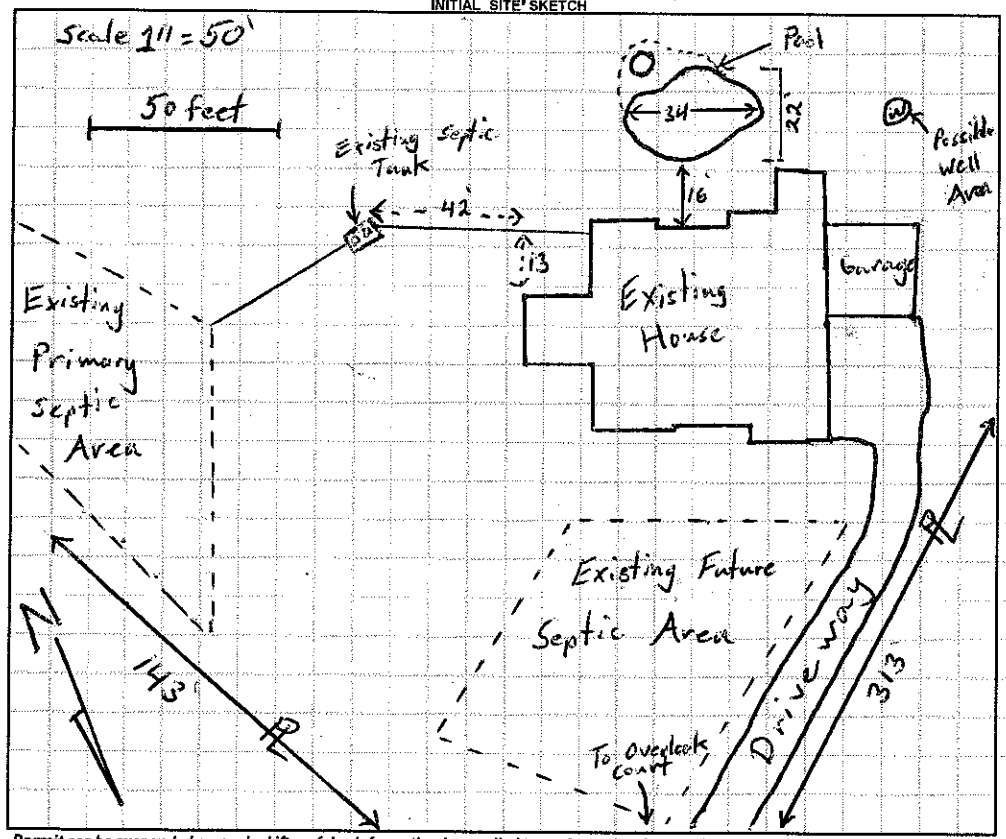
SITE DIRECTIONS: South on Shearers Rd from Mooresville → Left on Anniston Way → TR Burnell → TL Walking Horse → TR Overlook Court → on Right

SUBDIVISION: Anniston SECTION: 4 LOT # 160 LOT AREA: 1.616 acres DESIGN FLOW: 600 gal/day L.T.A.R.: 0.30 Existing

Septic Tank	1500 (gal)	STB	338	Date	1-4-16	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description: Existing - 25% Reduction		☐ Business	No. Persons	10	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description: Existing - 50% Reduction LP-PPIPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 Ex	# Lines	8 Existing	Linear Ft:	500 Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36 Ex	Max. Trench Bottom Depth	28" Existing	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Approval is for a 22' x 34' inground pool in rear of house. Strongly recommend that construction equipment access the site from the non-septic side of the house to reduce likelihood of collapsing the house sewer line or using metal plates to distribute weight of machine when crossing house sewer line. Recommend pumping septic tank every 3-5 years.

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: Lisa Weyward Date: 4-26-16 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Theresa Shuck Date: 4-21-2016

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