IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212489

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

PIN # 4624-28-2174.000

APPLICANT: Charlotte Pools APPLICANT ADDRESS: 458 Beaver Creek Rd. Mooresville NC

SITE ADDRESS: 211 Dedham Ln. Mooresville NC PHONE: 704-799-7575 ALT. PHONE: 704-491-8996

SITE DIRECTIONS: 85R, Tr Mansfield, R Brockton, Tr Dedham Ln.

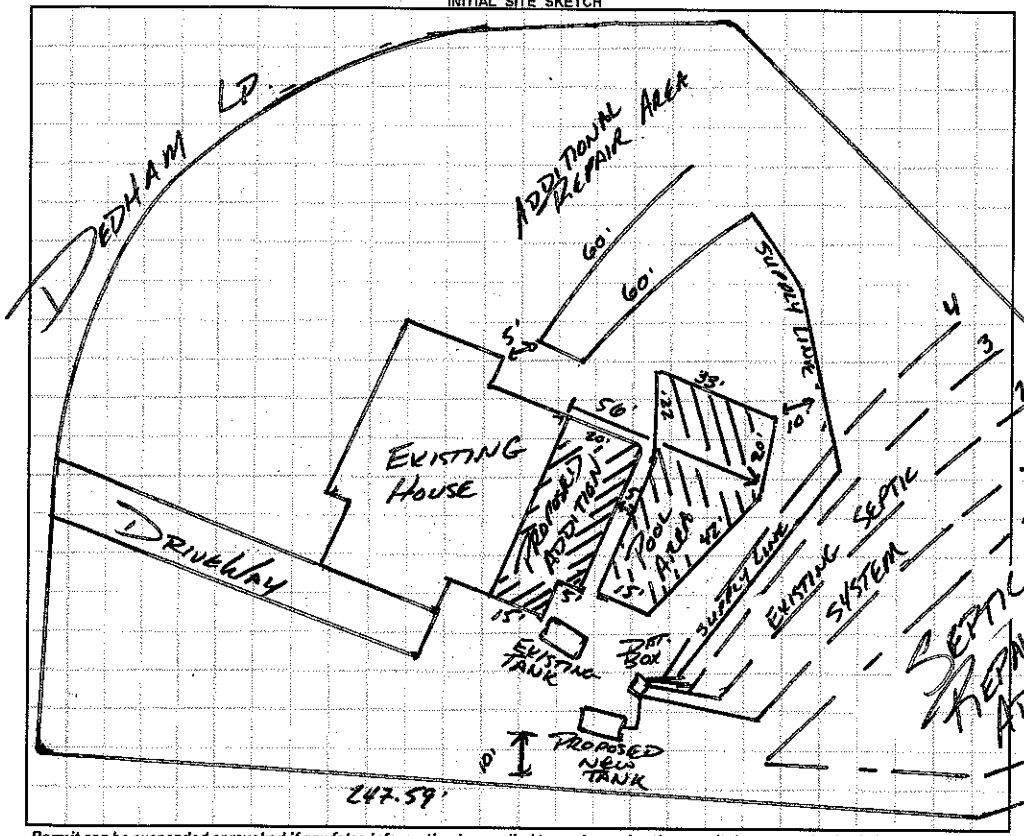
SUBDIVISION: The Point on Norman SECTION: 9 LOT # 990 LOT AREA: 1.163 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	N Fictrator	Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description: 25% Reduction - Gravity		☐ Business	No. Persons 8
Pump Make	Model			Serial #		Repair System Description: UP-PT-STPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2 @ 60'	Linear Ft:	120'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	* 36" *	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

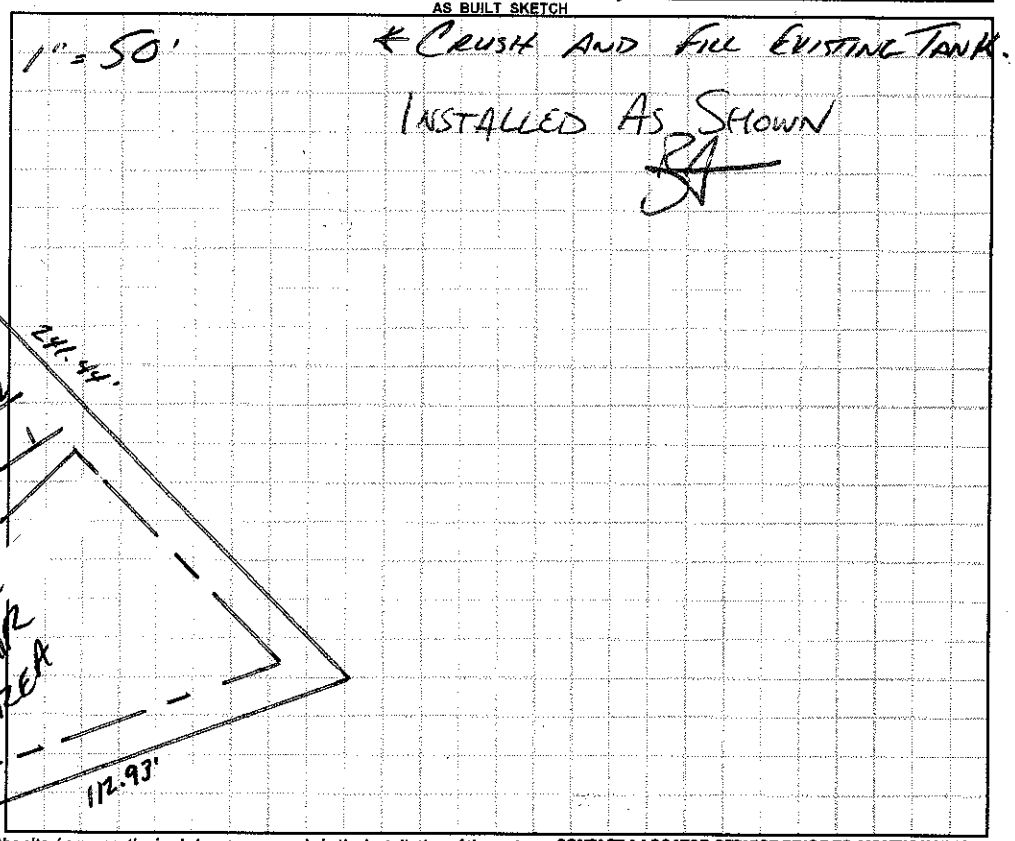
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Disconnect Existing Line 4. Earth & Dam 5' From Dist. Box. Run New Supply Line Around Pool Area Maintaining 10' Seperation. To New 60' (2) Lines On Gravity. Parallel Distribute Lines. Maintain 15' From Property Line With Pool Wall. Follow All State Rules. * Install New Lines On 36" Trench Bottom. *

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: 9/18/15 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: [signature] APPROVED SEP 15 2015 OPERATION PERMIT by: [signature] Date: 2-18-16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED SEP 15 2015 Existing System Inspected by: Date:

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