IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~21858~~ Pool

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

PIN # 4624 3 42 731

APPLICANT: Daniel Saitta / Superior Pools APPLICANT ADDRESS: 112 Tuscany Trail Mooresville, NC

SITE ADDRESS: 124 Washam Rd Mooresville, NC 28117 PHONE: ALT. PHONE:

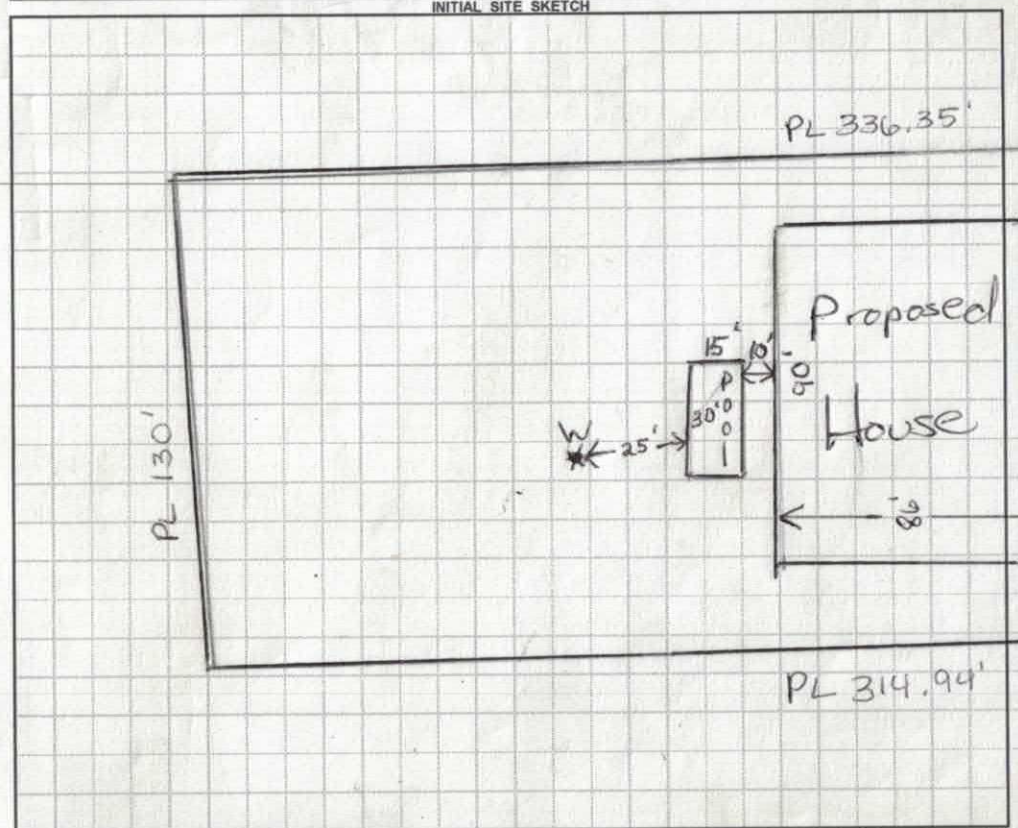
SITE DIRECTIONS: Brawley School Rd TL Washam Rd (1st Washam) on right

SUBDIVISION: Washam Pt. SECTION: — LOT # 3 LOT AREA: .972 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB Infiltrator	Date IM-1060	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make	Model		Serial #	Repair System Description: PPBPS		☒ Other Pool	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	4 @ 100'	Linear Ft: 400'	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	

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

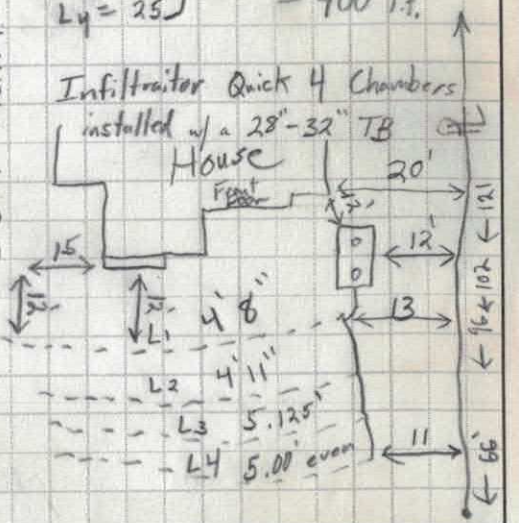
Scale 1:50

2-1-2017 Infiltrator IM-1060 Plastic Tank w/a Polylok PL-68 Effluent Filter

Tank: @ Filter 4' 7.125"

$L_1 = 24$, $L_2 = 24$, $L_3 = 25$, $L_4 = 25$ } 98' + 8 end caps (8') = 400 l.f.

Infiltrator Quick 4 Chambers installed w/a 28"-32" TB



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: Date: 2/1/17 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 6/20/16 OPERATION PERMIT by: Tom Church Date: 2-1-2017

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 6/20/16 Existing System Inspected by: Date:

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

RECEIVED MAY 4 - 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $250.00 #218580

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Superior Pools Address: 20315 Knox Rd Phone: 704-546-766

Owner Name: Laura Sutton Address: 124 Washam Rd Phone: 704-402-22

Property Information:

Street Address: 124 Washam Rd, Mooresville, NC 28117

Subdivision Name: Washam Section/Phase: _____ Lot Number: 3

Driving Directions: _____

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

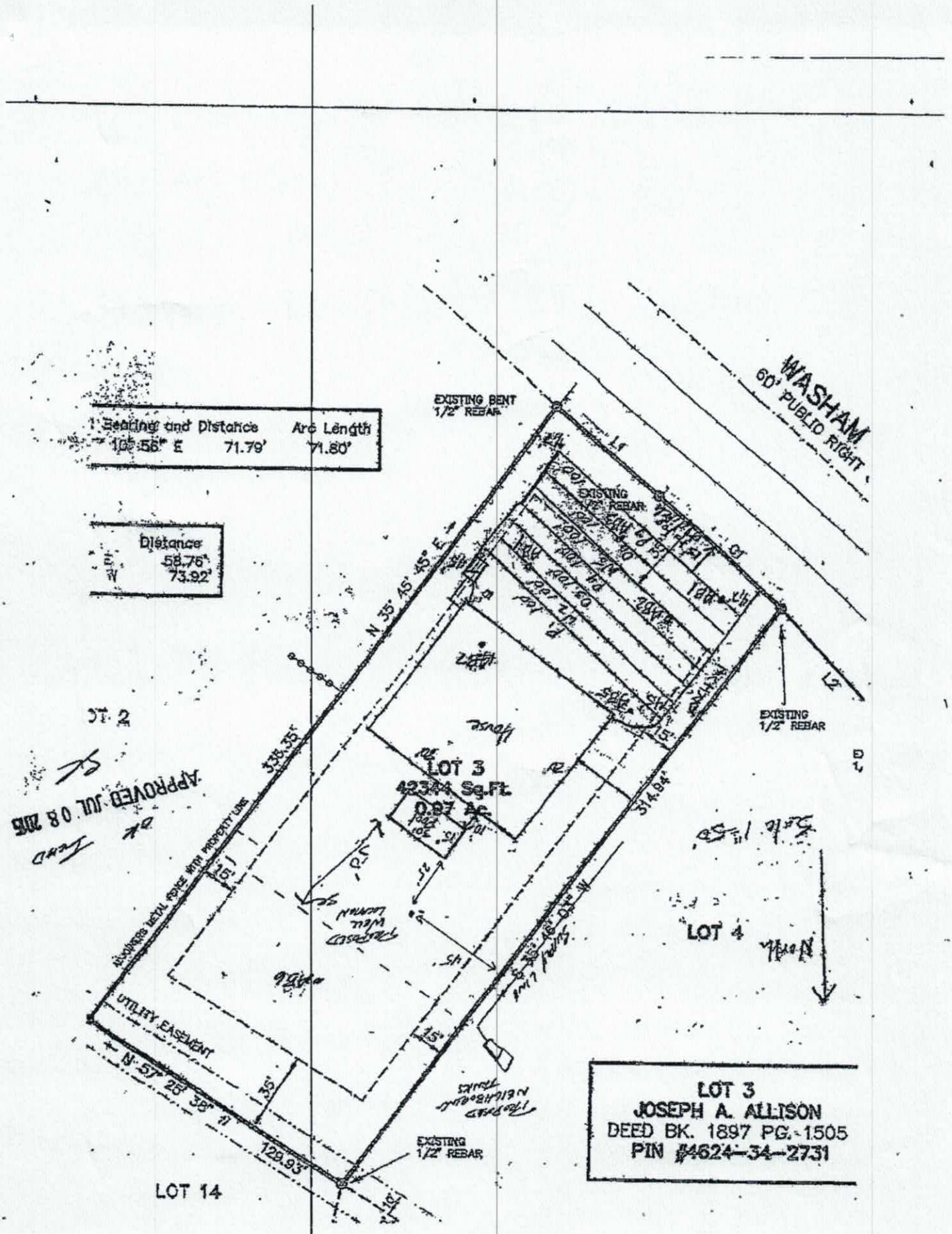
Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Daniel L Sutton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-3-16
DATE


WASHAM
60' PUBLIC RIGHT
EXISTING BENT 1/2" REBAR
EXISTING 1/2" REBAR
EXISTING 1/2" REBAR
EXISTING 1/2" REBAR
L1
L2
Bearing and Distance
Arc Length
E 71.79'
71.80'
Distance
58.76'
73.92'
N 35° 45' 45" E
336.35'
314.84'
LOT 3
42344 Sq.Ft.
0.97 Ac.
LOT 4
LOT 2
LOT 14
UTILITY EASEMENT
N 57° 28' 38" W
128.93'
35'
15'
APPROVED JUL 08 2015
LOT 3
JOSEPH A. ALLISON
DEED BK. 1897 PG. 1505
PIN #4624-34-2731

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Donna Smith, am the legal owner of the property located at 124 Washam Rd, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Superior Pools _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

D Smith — 5-2-16
Signature of Owner — Date

C Smith — 5-2-16
Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
218580
Issue Date: 05/04/2016

ZONING PERMIT

Open Space

Parcel Number		Street Address	Jurisdiction
4624342731.000		124 WASHAM ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SAITTA DANIEL L+LAURA D	Applicant: SUPERIOR POOLS OF CHAR
Address: 112 TUSCANY TRAIL MOORESVILLE, NC 28117	Address: 20315 KNOX RD CORNELIUS, NC 28031
Phone:	Phone: 704-896-7665

Use Requested	Zone Code
INGROUND POOL 20X40	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.972		10.00	10.00	10.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	67836	TOTAL FEES:	$ 77.25