IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 BA Mooresville Office (704) 660-3625 PERMIT # 217137

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

✓ PIN # 4624-45-2651

APPLICANT: Blue Haven Pools APPLICANT ADDRESS: 10020 Industrial Drive Pineville, NC

✓ SITE ADDRESS: 167 Hopkinton Drive Mooresville, NC PHONE: 704-361-5019 ALT. PHONE:

SITE DIRECTIONS: BSR towards Lake Norman → Left on Hopkinton Dr. (need gate code) → @ end of cul-da-sac.

✓ SUBDIVISION: The Point on Norman SECTION: 10 LOT # 1029 LOT AREA: 0.969 acres DESIGN FLOW: 480 gal/day L.T.A.R.: 0.3 Ex

Septic Tank 1000 Ex (gal) STB Ex Date Ex
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 Ex # Lines 4 Ex Linear Ft: 400 Ex
Trench Width 36" Ex Max. Trench Bottom Depth 36" Ex Gravel Depth —

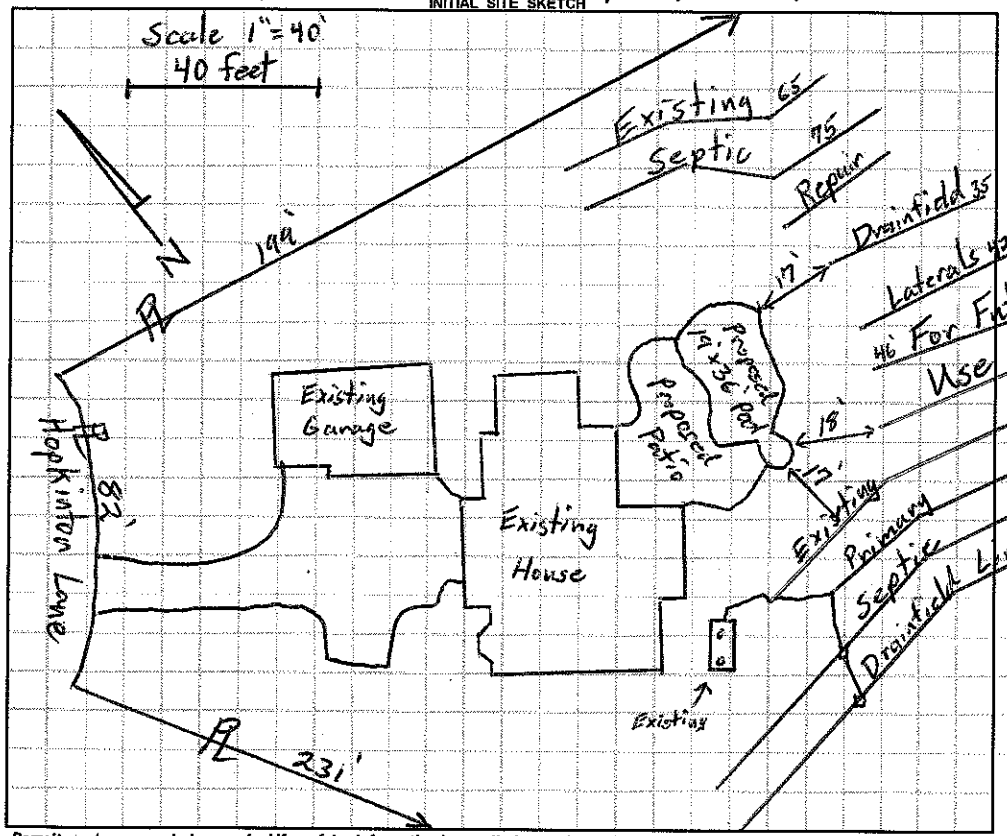
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Existing - 25% Reduction
Repair System Description: Existing - LPP BPS
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

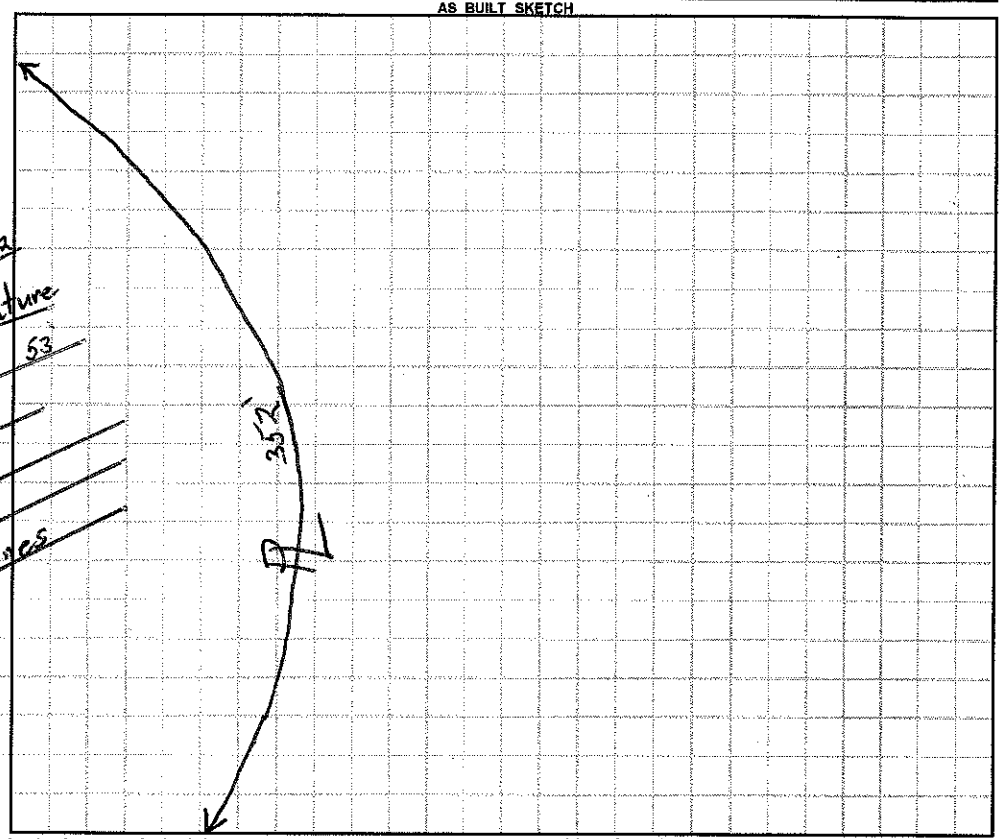
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: System appeared functional @ time of evaluation. Approval is for a 19' x 36' pool (with patio) in the location shown below. Any deviation in size, location or orientation voids this approval. 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 Aylward Date: 4-26-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Thomas D. Shuck Date: 4-22-16

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

NOTES
MAY BE SUBJECT
AND/OR
CONDITIONS
THE

LICENSED SOIL SCIENTIST
MICHAEL ATHANAS
1252
STATE OF NORTH CAROLINA