IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # _____ PIN # 4624893114 DATE 3-9-2012 980 722 1453

OWNER Steven & Sonja Cole APPLICANT: Aloha Pools PHONE: Home/Cell # 704 881-1682 Business # 704 597-7140

SITE ADDRESS 133 Keel Ct M'ville OWNER / APPLICANT ADDRESS 6401 B Orr Rd

SITE DIRECTIONS Brawley School Rd TL Yacht Rd TR Yacht Harbor TR Keel Rd on left

SUBDIVISION Yacht Harbor BLOCK / SECTION _____ LOT # 24 LOT AREA .7 Acre DESIGN FLOW 480 gpd L.T.A.R. .25 - .3

EXIST

Septic Tank 1000 Gallons: STB _____ Date _____

Pump Tank _____ Gallons: PT _____ Date _____

Pump Make _____ Model _____ Serial # _____

No. Nitrification Fields: 1 No. Lines 4 Linear Feet 320

Trench Width 24" Max. Trench Bottom Depth 36"

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: Gravity - Panel Block

Repair System Description: Panel Blk

Maintenance Agreement Required ☐ YES ☒ NO Not Initially

Gravel Depth N/A ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4 Water Supply

☐ Business No. Persons _____ ☒ Private

☐ Other No. Employees _____ ☐ Public

☐ Slab ☐ Crawl Space ☐ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions

* 4 lines Centerfed = 8 lines

Existing Septic System appears to be functioning okay at time of inspection

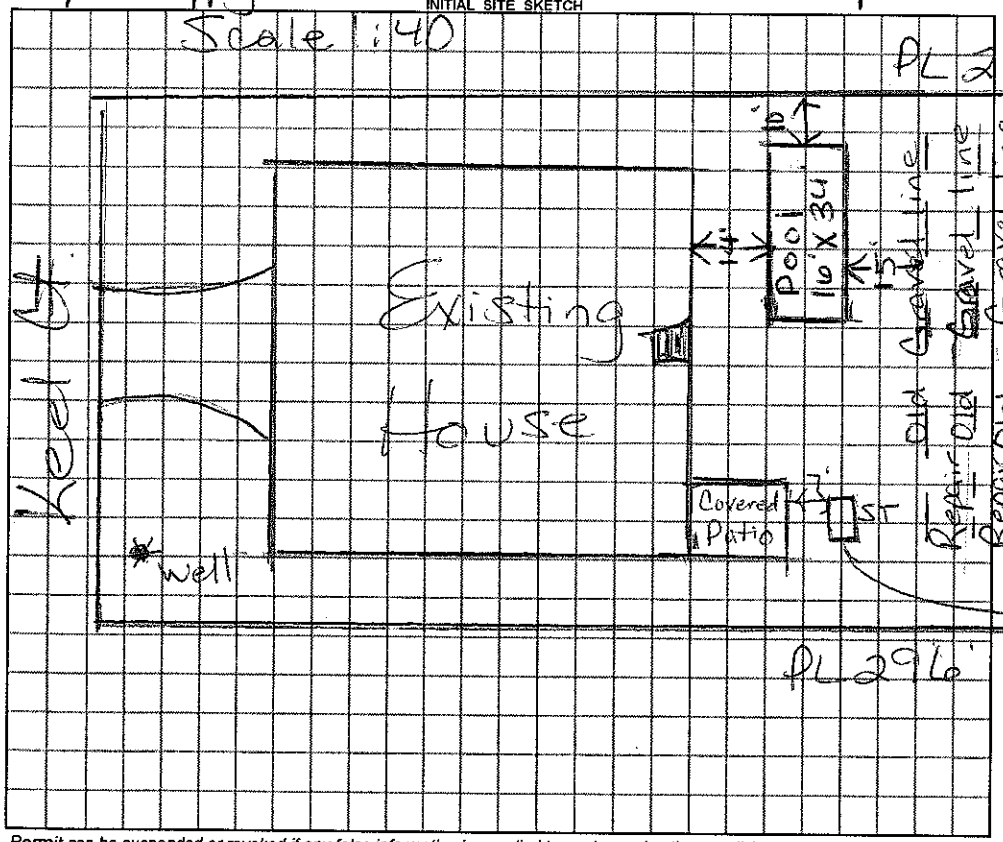
* Septic Supply line must be at least 10ft from pool

* Must keep Pool "cut" at least 15ft from Septic System including Repair area

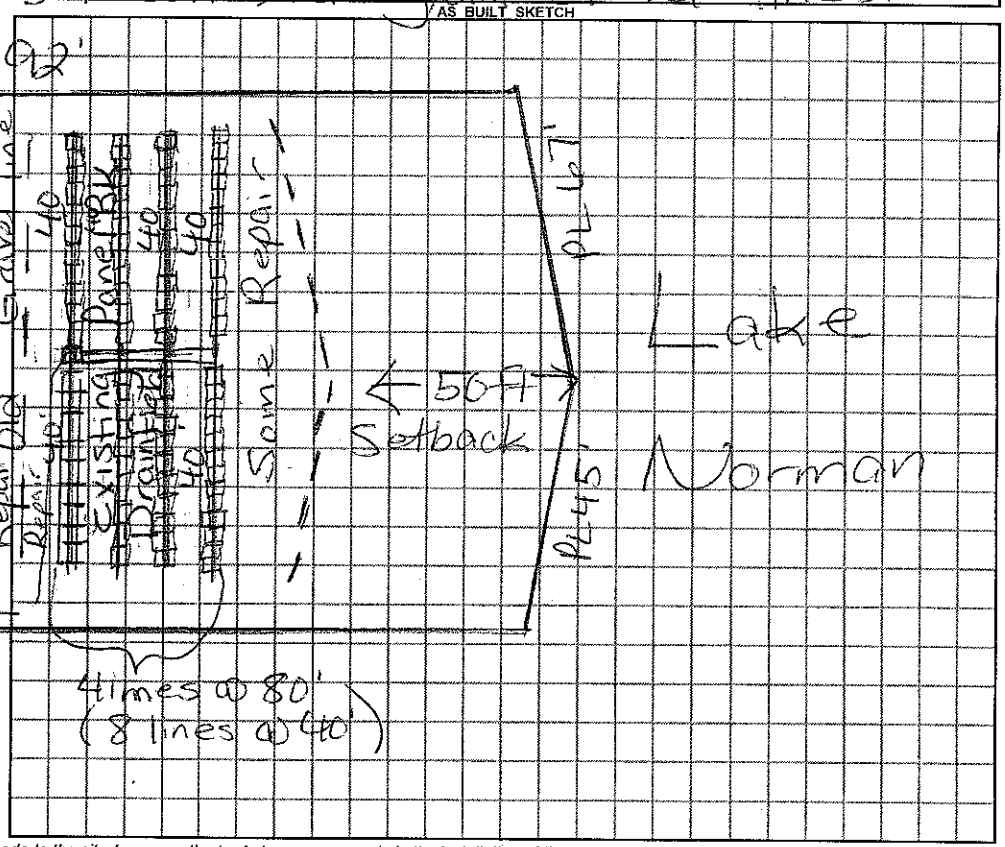
Panel Block Repair lines to be installed between existing old Gravel lines.

INITIAL SITE SKETCH

Scale 1:40



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.

☐ ***IMPROVEMENT PERMIT*** with plat valid without expiration. ☐ ***IMPROVEMENT PERMIT*** with plat ~~valid without expiration~~ site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: X Tara Porter Agent Date _____ Installed by: Richard Abernathy 5/21/2010

IMPROVEMENT PERMIT by: _____ ***REHS*** Date _____ OPERATION PERMIT by: _____ ***REHS*** Date _____

AUTHORIZATION TO CONSTRUCT by: _____ ***REHS*** Date _____ Existing System Inspected by: Maria Dotson ***REHS*** Date 3/9/2012

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant