IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 217184

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

PIN # 4625-79-9575

APPLICANT: Jessica Gibson APPLICANT ADDRESS: 114 Maddaket Lp, Mooresville 28117

SITE ADDRESS: 114 Maddaket Lp - Mooresville PHONE: 704472-1054 ALT. PHONE:

SITE DIRECTIONS: BSR, TR Marston Mill, TR Maddaket, Lot on R

SUBDIVISION: The Point on Norman SECTION: 4 LOT # 386 LOT AREA: 1.247 ac DESIGN FLOW: 480 gpd L.T.A.R.: Ex. 0.2

Septic Tank EXISTING (gal) STB Date

Pump Tank EXISTING (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EX 1 # Lines EX. 7 Linear Ft: EX. 600'

Trench Width EX. 36" Max. Trench Bottom Depth EXISTING Gravel Depth N/A

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

System Description: PM EZ Flow 25% Reduction

Repair System Description: OFFSITE LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO ☐ GRAVITY ☑ PRESSURE

☐ Residence ☐ Business ☑ Other Pool ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

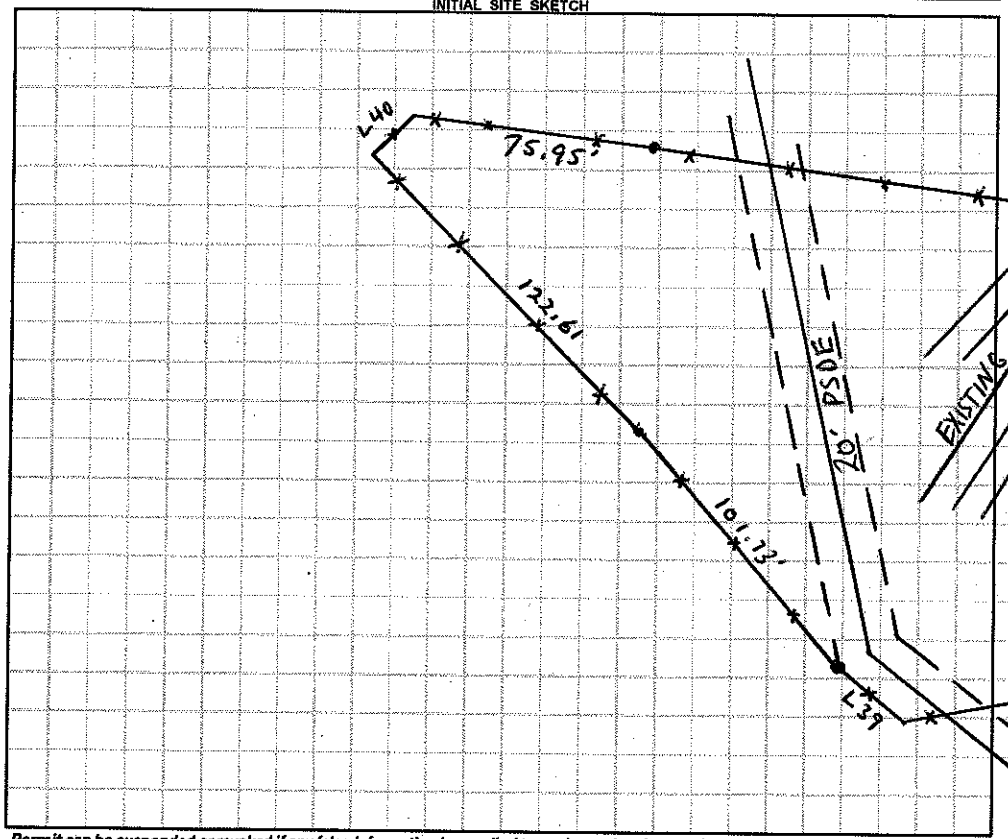
☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

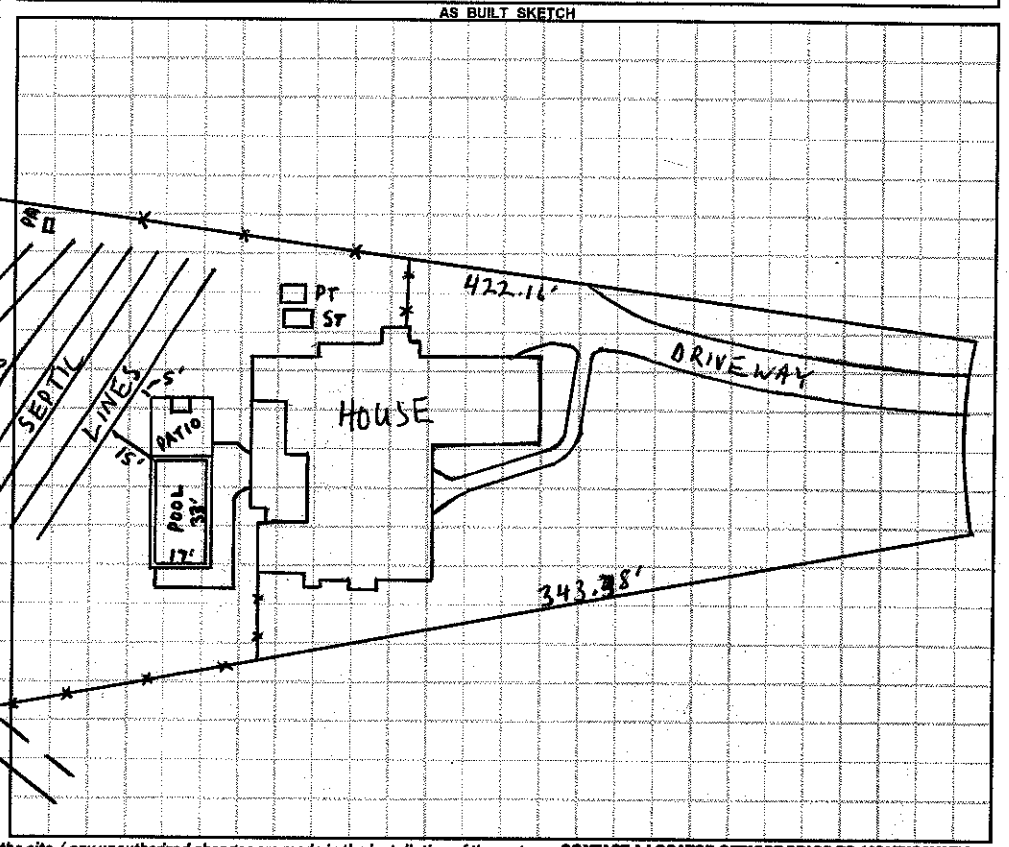
Comments / Conditions:

* This permit is for the addition of a 17'x33' pool.
* Any footer/foundation must maintain 5 ft minimum from any septic line, pool must maintain 15 ft.

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: Jessica Gilyard Date: 4-20-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 4-19-16

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