IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211518

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

PIN # 4625921170

APPLICANT: Charlotte Pools/Joshua Courtney APPLICANT ADDRESS: 1458 Brawley School Rd Mooresville, NC 28117

SITE ADDRESS: 160 Milford Circle Mooresville, NC 28117 PHONE: 704-799-7575 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd past traffic circle TL Yacht Rd TL Milford Circle on right

SUBDIVISION: The Point SECTION: 13 LOT # 1367 LOT AREA: 1.125 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Existing / Existing

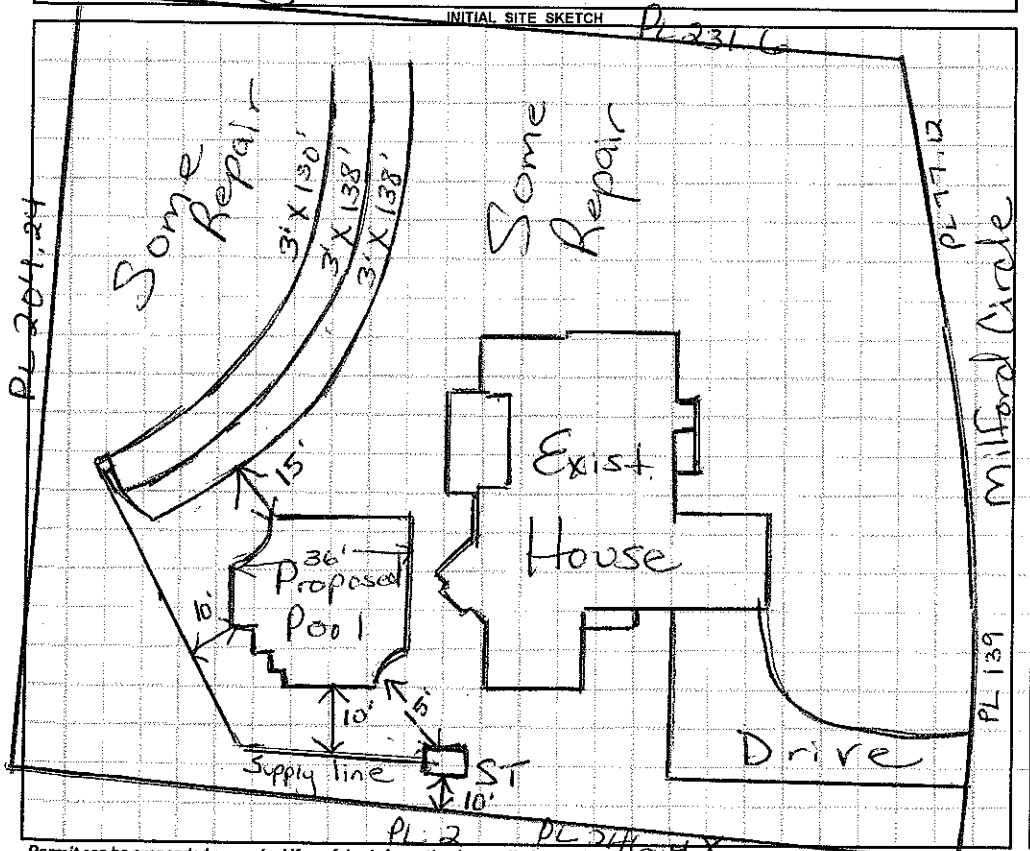
Septic Tank	1500 (gal)	STB		Date		New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description: Existing Gravity 25% Reduction		☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: LF Panel BIK		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	400'	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: Must keep pool "cut" at least 15ft from Septic System & 10ft from Supply line

The proposed inground pool does not appear to impact the existing Septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

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: 10-1-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] RS Date: 9/25/15

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