IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208222

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

PIN # 4625927209

APPLICANT: Barry Murash/Charlotte Pools APPLICANT ADDRESS: 1458 Brawley School Rd Mooresville, NC 28117

SITE ADDRESS: 185 Milford Circle Mooresville, NC PHONE: ALT. PHONE: 704 799 75 75

SITE DIRECTIONS: Brawley School Rd TL Yacht Rd TL Milford Circle on left

SUBDIVISION: The Point on Norman SECTION: 13 LOT # 1334 LOT AREA: .770 Acre DESIGN FLOW: 1000gpd L.T.A.R.: .3

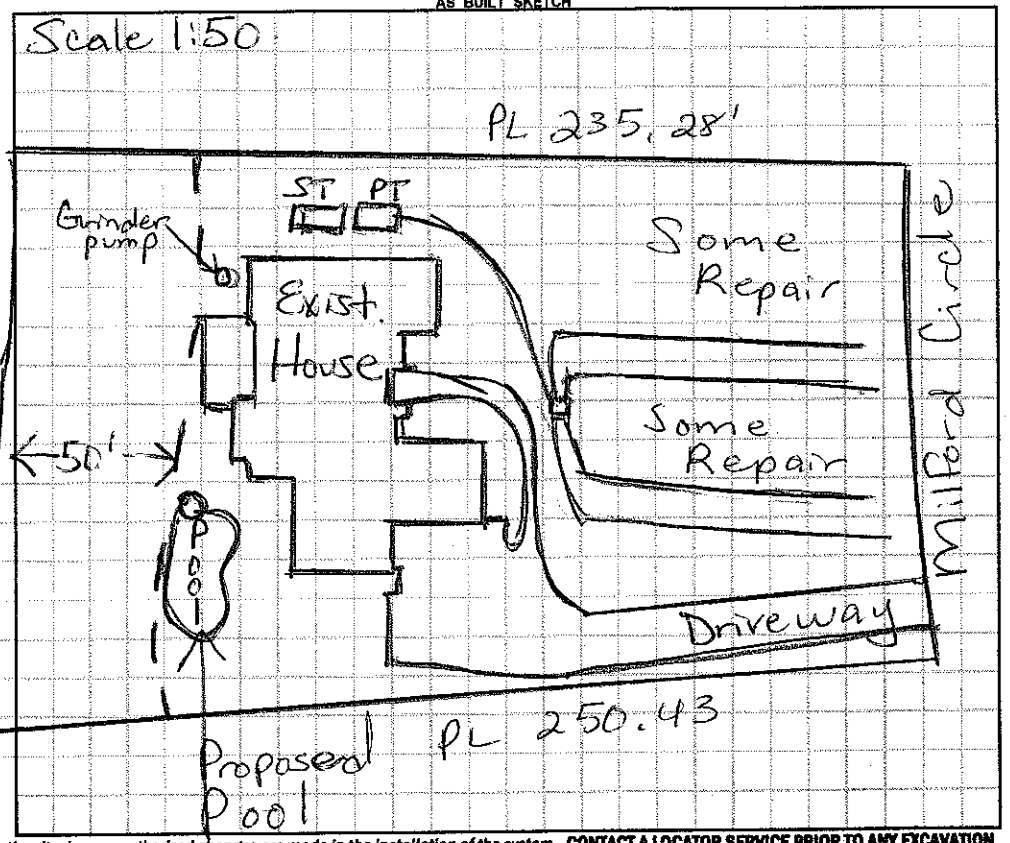
Septic Tank	1500 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	5	Water Supply		
Pump Tank	1500 (gal)	PT	Date	System Description: Pump-LP-PPB PS		☐ Business	No. Persons	10	☐ Private		
Pump Make		Model	Serial #	Repair System Description: Same		☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1	# Lines	4	Linear Ft: 340	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: Existing Septic System appears to be functioning okay at time of inspection

The proposed in ground swimming pool does not appear to impact the existing Septic System.

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: Date: 3/3/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dalton RS Date: 3/4/15

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