2.5

IREDELL COUNTY HEALTH DEPARTMENT

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

MD

PERMIT # 214627

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

PIN # 4626-30-4981.000

APPLICANT: Bella Pools

APPLICANT ADDRESS: 865 Family Dr. Midland NC

SITE ADDRESS: 140 Windy Knoll Ln. Mooresville NC

PHONE: 704-507-0117 ALT. PHONE:

SITE DIRECTIONS: BSR, R Chickwood, R Meadows Ridge, R Lakespring Lp, R Windy Knoll Ln. @ End

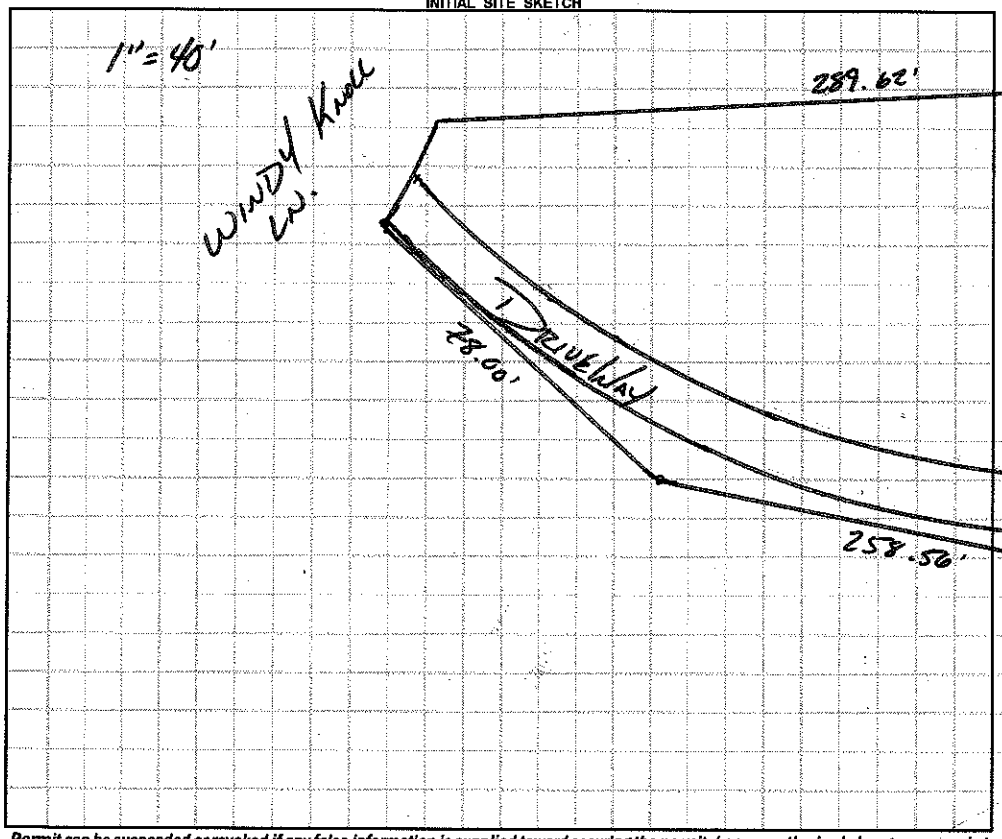
SUBDIVISION: The Harbour

SECTION: 3 LOT # 35 LOT AREA: .680 Acre DESIGN FLOW: Ex. 450 GPD L.T.A.R.: Existing

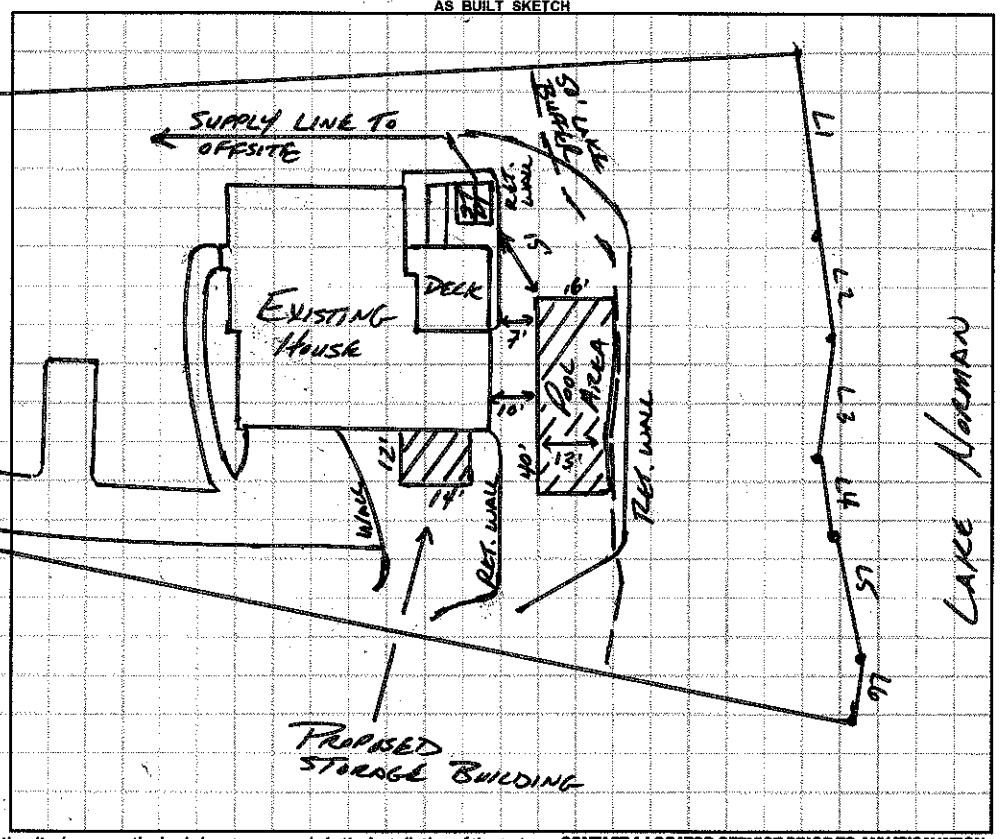
Septic Tank Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms Ex. 4	Water Supply
Pump Tank Existing (gal)	PT	Date	System Description: Existing 25% Reduction - Pump	☐ Business	No. Persons Ex. 8	☐ Private
Pump Make Ex.	Model Ex	Serial #	Repair System Description: LP-PPBPS	☐ Other	No. Employees	☒ Public
# Nitrification Fields Ex	# Lines Ex	Linear Ft: Ex	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width Ex	Max. Trench Bottom Depth Ex	Gravel Depth Ex	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Existing System Accepted To Be Functional @ Time of Inspection
Maintain 15' From Septic Tanks w/ Pool.

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: Jason D. Bella Date: 12-28-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: DEC 09 2015

APPROVED

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