IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210490

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

PIN # 4762e37728 3

APPLICANT: Aloha Pools/Kenneth Skrypek APPLICANT ADDRESS: 6401-B Orr Rd Charlotte NC 28213

SITE ADDRESS: 287 Bayberry Creek Circle Mooresville, nc PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR McKendree TL Kemp Rd TR Alder Springs TL Bayberry on left

SUBDIVISION: Farms SECTION: 3 LOT # 384 LOT AREA: .76Ac DESIGN FLOW: 480gpd L.T.A.R.: 3

Septic Tank 1500 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 270

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

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

System Description: Exist. LP-PPBPS

Repair System Description: Same

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☒ Other Pool No. Employees

☐ Slab ☐ Crawl Space

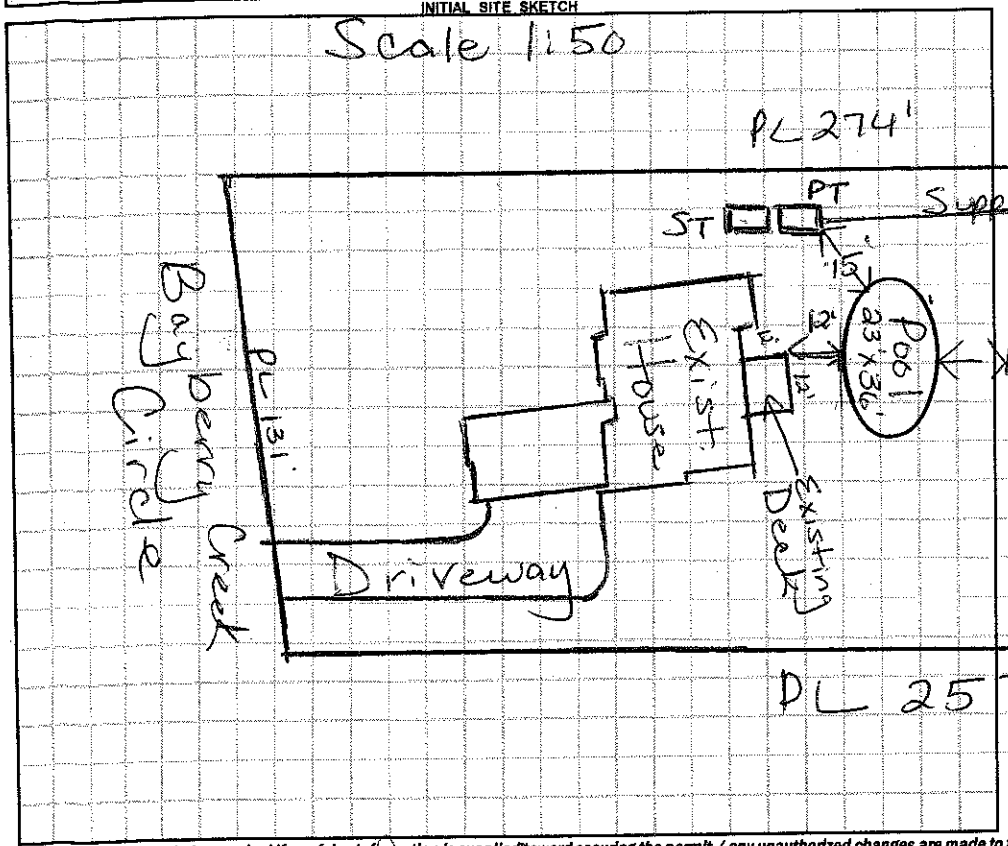
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

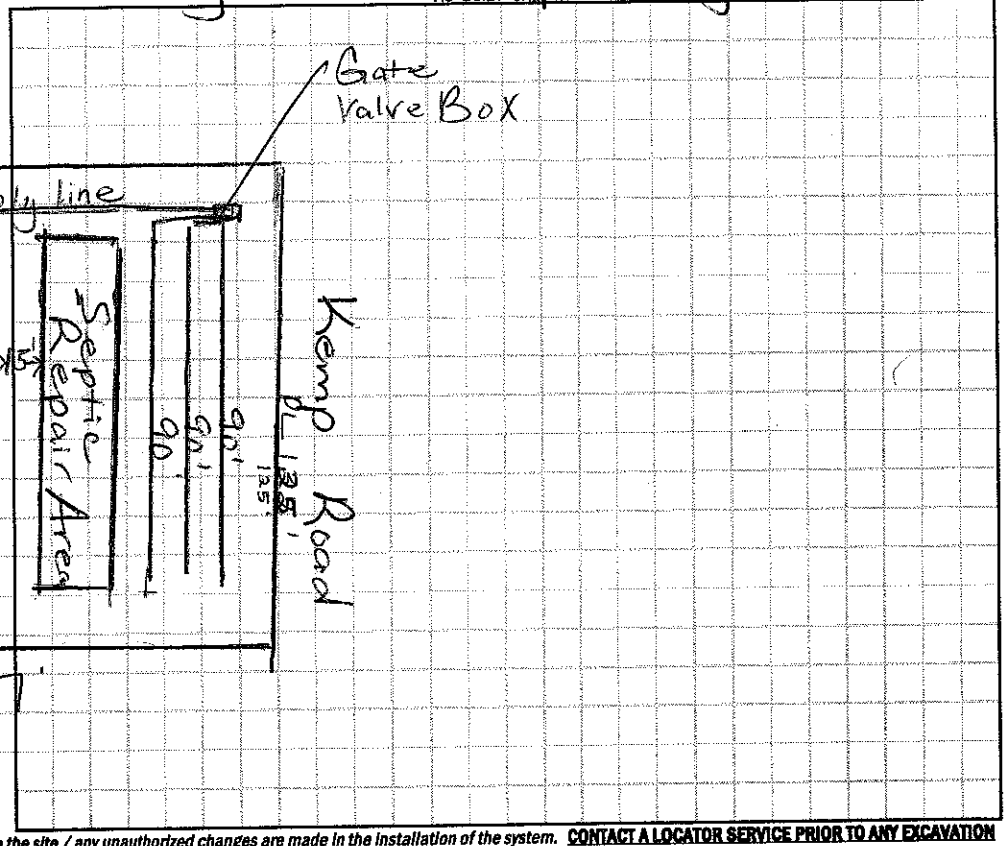
Comments / Conditions: Must keep pool "cut" at least 15ft from Septic System.

The proposed in ground Swimming pool meets setbacks to Septic (15ft) and does not appear to impact the existing on-site 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: 6-19-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: BS Date: 6/16/15

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