IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 15508520 PIN # 4626635363 DATE 2-23-2009

OWNER or APPLICANT Serge Dupuis / Blue Haven Pools PHONE: Business 704 889-1300 Home: 828 612 8734

OWNER or APPLICANT ADDRESS 116 Ragsdale Mooresville NC 28117

LOCATION / DIRECTIONS Brawley School Rd TR Southfork TL Freshwater TR Ragsdale 2nd on right

SUBDIVISION The Farms BLOCK / SECTION 2 LOT # 203 LOT AREA .71 Acre DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank 1500 Gallons: STB 528 Date 2-29-06

Pump Tank 1000 Gallons: PT 17 Date 2-28-06

Pump Make Goulds Model WE0312MU Serial # B0643176

Nitrification Field No Fields 1 No Lines 4 Linear Feet 400

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. Pump-pm-25% Reduction

Repair System Description: Pump-Panel Blk

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

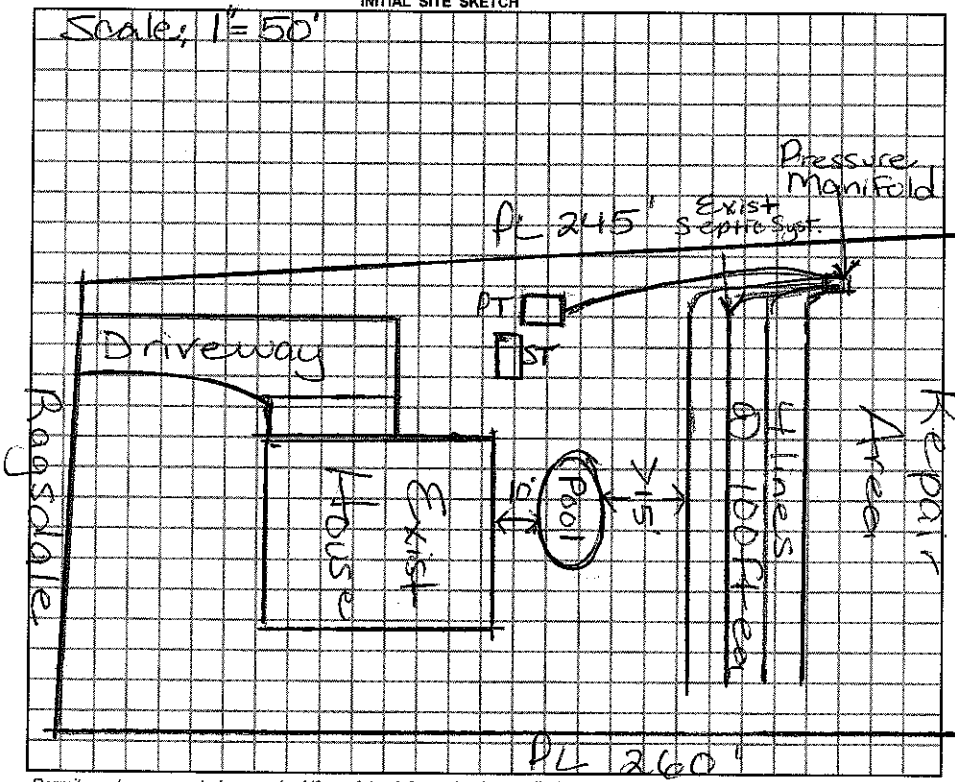
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

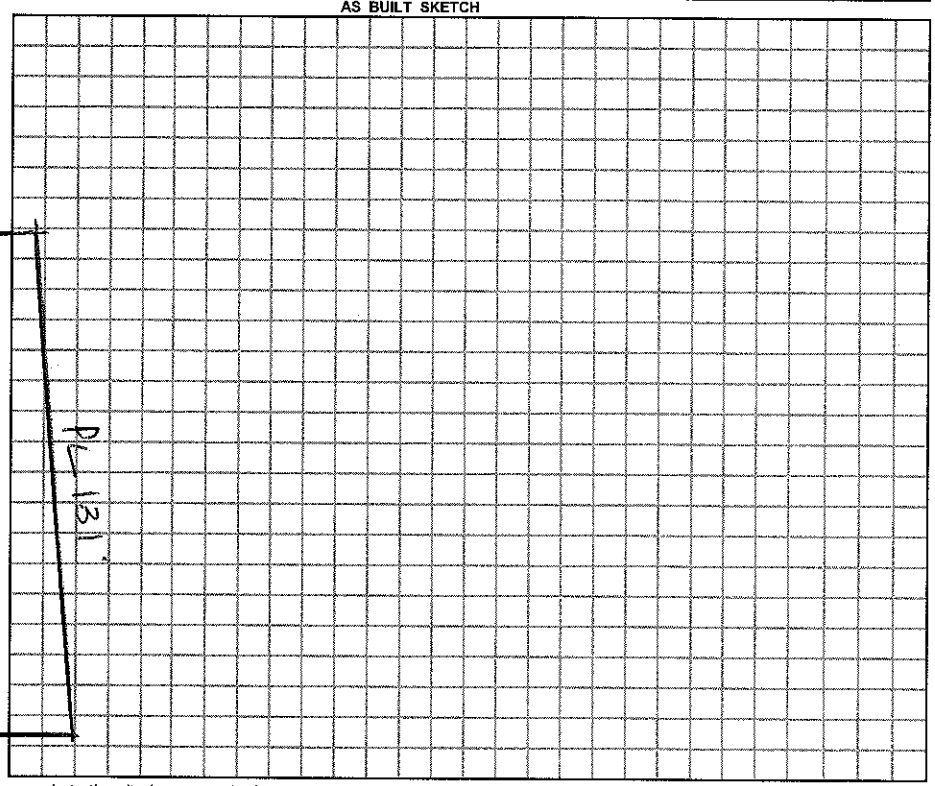
Comments / Conditions: Existing Septic System appears to be Functioning okay at time of inspection, No problems were observed.

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

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / 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 _____

Improvement Permit by: Marian H. Dotson RS Date _____

Authorization to Construct by: Marian H. Dotson RS Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: Marian H. Dotson RS Date: 09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant