IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 139363

APPLICANT: Kearey Builders / Charlotte Pools

PIN # 4626 58 1913 .000

SITE ADDRESS: 242 Grasshopper Circle

APPLICANT ADDRESS: 1210 Davie Ave, Statesville 28677

SITE DIRECTIONS: Brawley Sch Rd. TR Mckeadree TR Grasshopper left @ forks on Right

PHONE: 704 883-9814

ALT. PHONE: 704 880-0884

SUBDIVISION: The Farms

SECTION: 5 LOT # 600 LOT AREA: .891 Ac

DESIGN FLOW: 600 gpd L.T.A.R.: .25

Septic Tank * 1500 (gal) STB Date

Pump Tank * 1500 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 400

Trench Width * 36" Max. Trench Bottom Depth 36" Gravel Depth NA

[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI

System Description: * LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: [X] YES [ ] NO

[ ] GRAVITY [X] PRESSURE

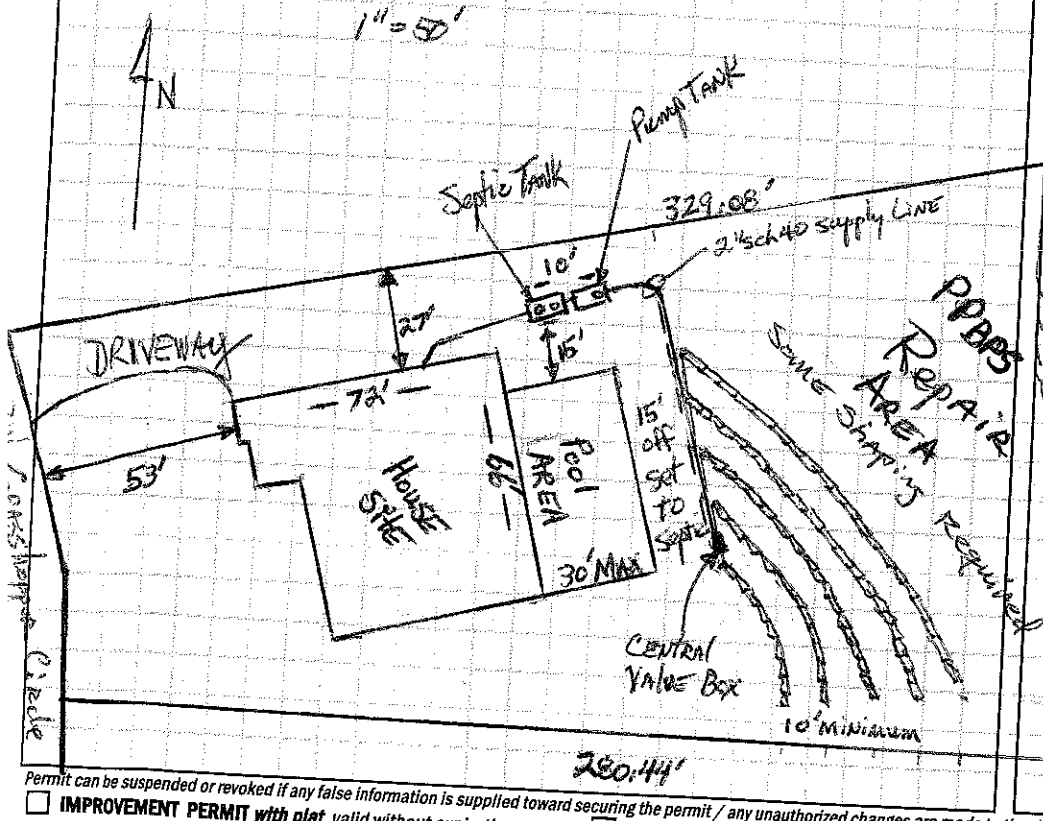
[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 5 No. Persons No. Employees [X] Crawl Space

Water Supply: [ ] Private [ ] Public [X] Community [ ] Basement w/o plumbing

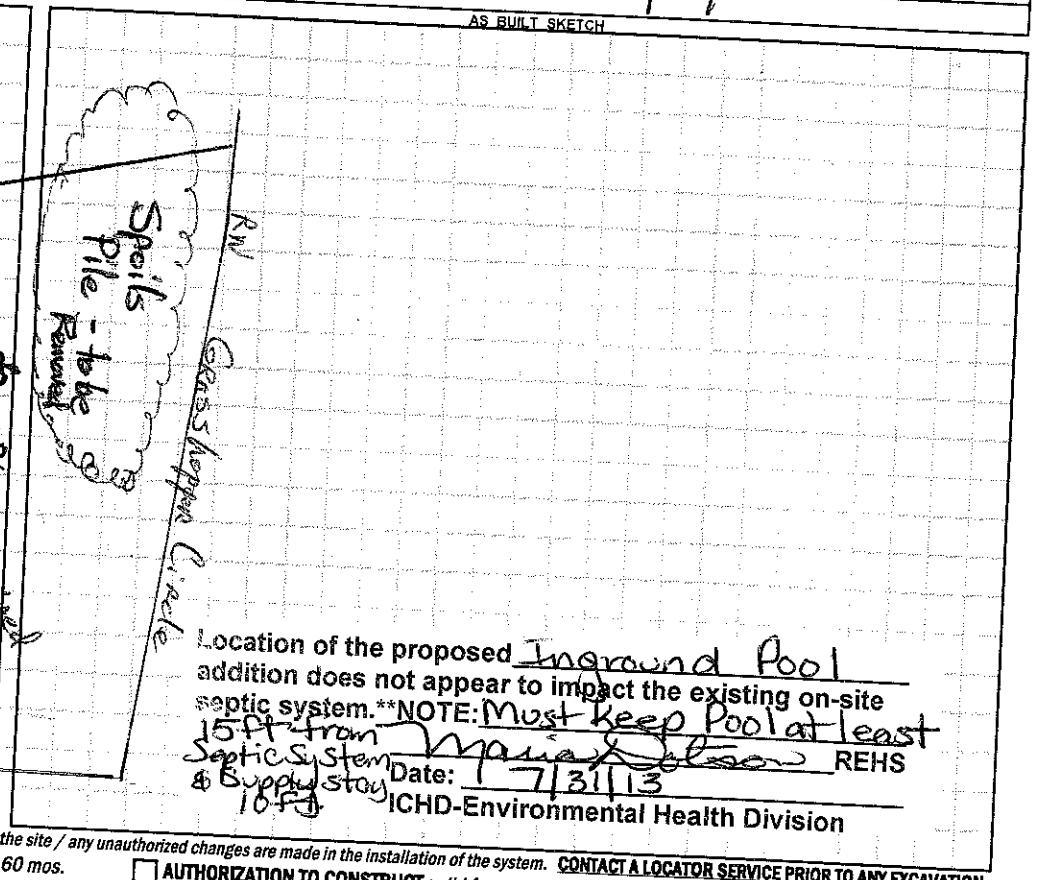
Comments / Conditions: * Subdivision by laws require greater than the minimum tank capacities. LP distribution for this system type, and 3' wide trench width w/ 9' on center.

INITIAL SITE SKETCH



Redrawn 10/10/13

AS BUILT SKETCH



Location of the proposed Inground Pool addition does not appear to impact the existing on-site septic system.** NOTE: Must keep Pool at least 15ft from Septic System & Supply Stay 10ft

Date: 7/31/13

REHS

ICHD-Environmental Health Division

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.*

[X] **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: Marita Kearey Date: 5/6/13 Installed by:

IMPROVEMENT PERMIT by: Date: 5-3-13 OPERATION PERMIT by:

AUTHORIZATION TO CONSTRUCT by: Date: 5-6-13 Existing System Inspected by: Date:

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