IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1309427 PIN# 4629535971 / 4629-54-8072 8164 DATE 9-9-05

OWNER OR CONTRACTOR James McNeill PHONE: Business 704-677-2881 Home 704-322-4232

ADDRESS 159 Walnut Dr Olin Mooresville NC 28115

LOCATION State Park RD to Marion Jasmed to Reid to Hawks Ct Deer Lot on left SFE on right

SUBDIVISION Hawksbay BLOCK / SECTION ____ LOT 16, 16A LOT AREA 20,826 + 27,130 SF SITE CLASS B3 DESIGN FLOW 480 L.T.A.R. 125

Septic Tank: 1000 Gallons: STB 1000 Date 5-2-06

Pump Tank: 1000 Gallons: PT 374 Date 4-10-06

Pump Make: ____ Model Ie-EH-ETT Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1320 Linear Feet 330

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Atonel Block

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

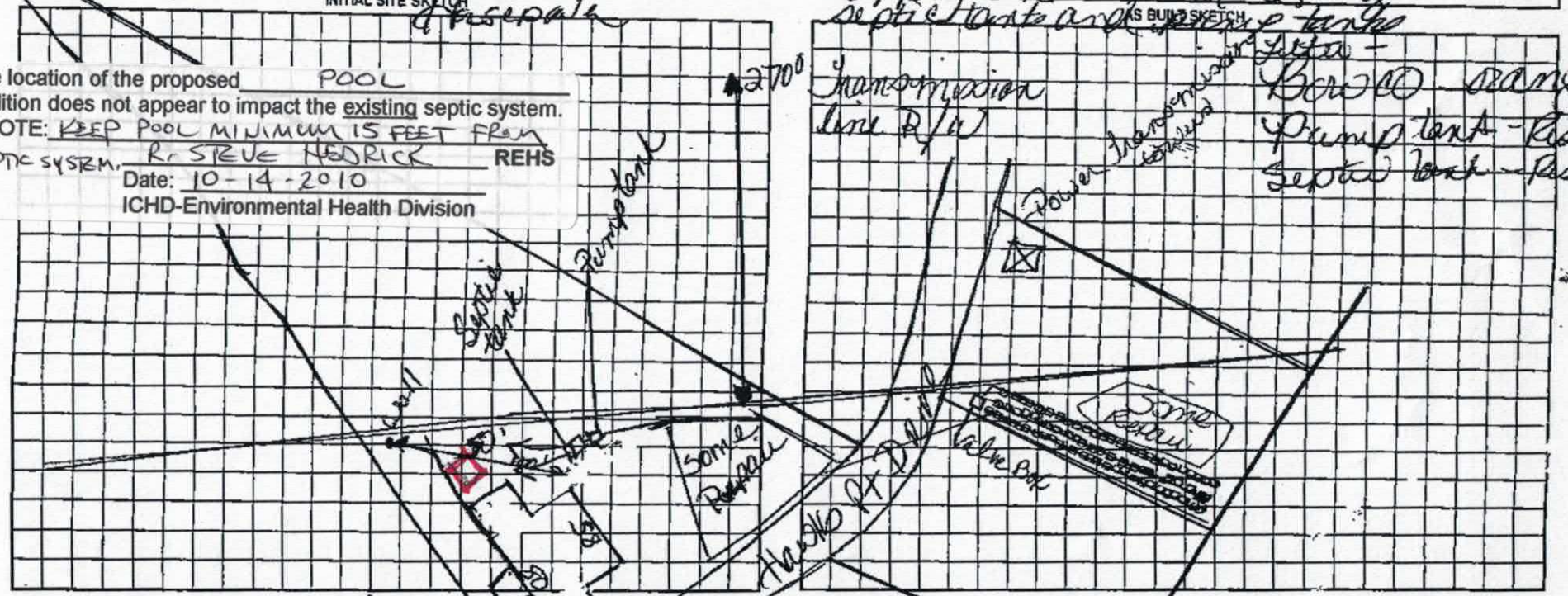
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Maintain all set backs
Install on Contour
Pump - 90 amps
4" Sewage

Comments/Conditions: 12-12-05 - Checked soil can go within 50' — Add trim to ductile iron water supply line within 25' of septic tank and effluent tank

INITIAL SITE SKETCH

AS BUILT SKETCH



The location of the proposed POOL addition does not appear to impact the existing septic system.
**NOTE: KEEP POOL MINIMUM 15 FEET FROM SEPTIC SYSTEM.
R. STEVE HENDRICK REHS
Date: 10-14-2010
ICHD-Environmental Health Division

Permit can be suspended or revoked if any false information is supplied toward the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 9/15/05 Installed by: Abernathy

Improvement Permit by: Kelly Cook date 9-13-05 Operation Permit by: Kelly Cook date 10-20-05

Authorization to Construct by: Kelly Cook date 9-13-05 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): I

1638 10

1638 10

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 163810ZO

Master #: 163810

Associated Permits:

163810ZO	Zoning
163810SW	Swimming Pool

Applicant

Name: Superior Pools of Charlotte INC
Address: 20315 Knox Rd
CORNELIUS, NC 28031
Phone: 704-896-7665

Parcel

Parcel Number: 4629535914.000
Address: 111 HAWKES POINT DR
Troutman, NC 28166
Subdivision: Hawkes Bay
Zoning: RA
Township: 1700
Area: 1.84
Lot(s): 16
Directions to Parcel: St Park,l Morrison Farm,r April,r Hawkes Pt,at End

Owners

Name: LIBBY H DUSKIE
Address: 176 QUIET COVE RD
MOORESVILLE, NC 281170000
Phone: 704-362-4323

Contractors

Contractor Type: Building-S (Swimming Pools only
Name: Superior Pools of Charlotte INC
Address: 20315 Knox Rd
CORNELIUS, NC 28031
Phone: 704-896-7665

Fees and Receipts:

Number	Description	Amount
FEE-218456-07	Zoning - Permit / Inspection	$75.00
FEE-218457-07	Technology and Administrative Fee	$2.25

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(l) FOR DETAILS)

1. **APPLICATION FOR:** ___ Improvement Permit ___Authorization To Construct ___BOTH √ Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable √ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
SAME	SAME	SAME	SAME
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Cory L. Duskie	111 Hawkes Point Dr.	704-651-5331	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
111 Hawkes Point Dr	Hawkes Bay	

Driving Directions: _____

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage ~~of Building~~ Pool in ground
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

( ) New Well (√) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* Existing

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

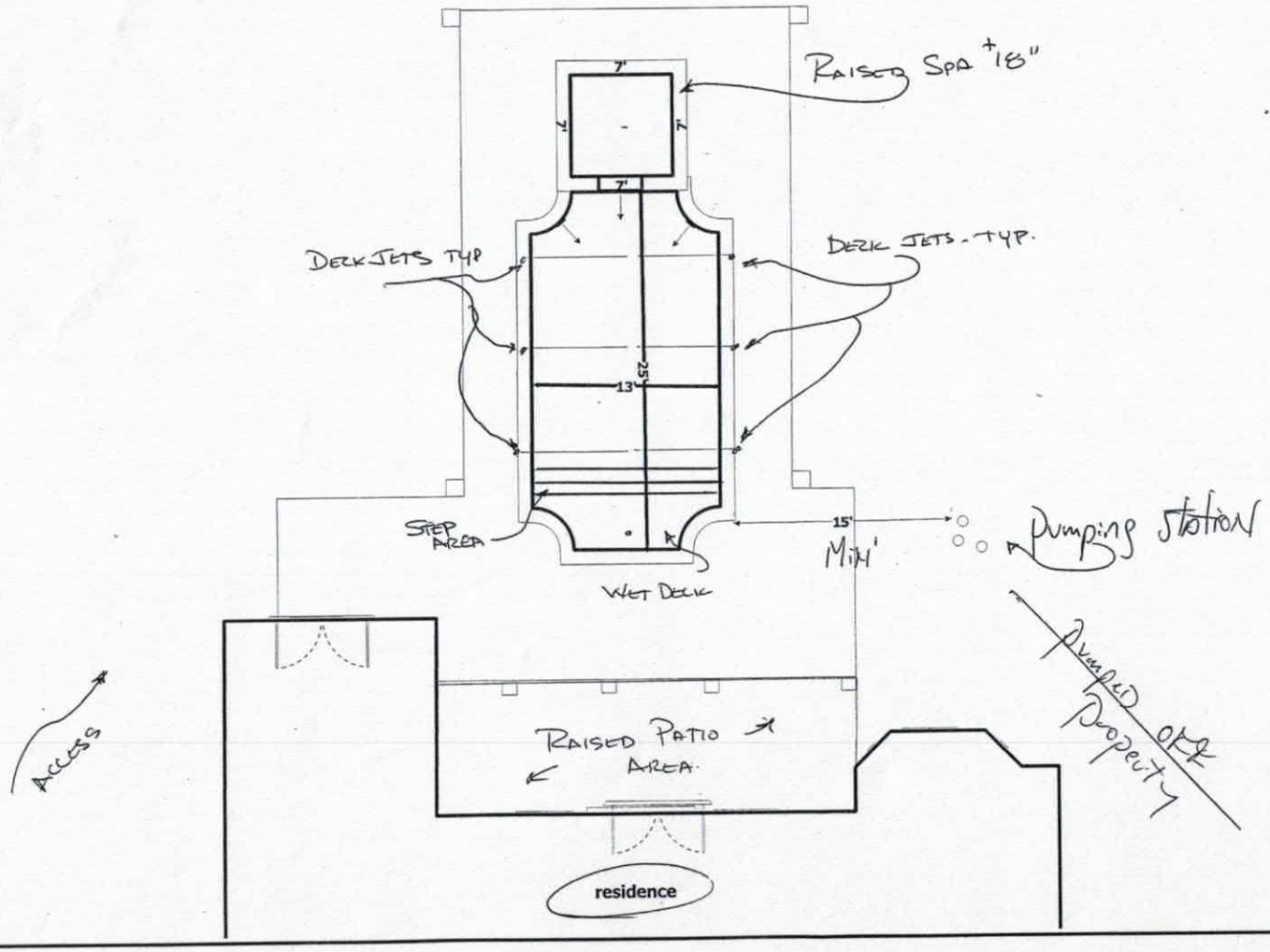
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I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** _____ 10-11-2010
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PLAN VIEW

NOTE: LED LIGHT IN POOL.
LED LIGHT IN SPA
PAVER DECKING.



POOL SPECS

SIZE: 13'0" X 25'0" | SQFT:
DEPTH: | PERIMETER:
EST TOTAL GALLONS: | SKIMMERS:
RETURNS: (3) | INTERIOR MATERIAL: QUARTZ.
SPECIAL: | TILE:
NOTES:

SPA SPECS

SIZE: 7' X 7' | SQFT: 48ϕ
DEPTH: 36" | PERIMETER:
EST TOTAL GALLONS: | SPILLWAY: 18"
RAISED HEIGHT: 18" | SKIMMERS: SPILLWAY.
RETURNS: | TILE:
INTERIOR MATERIAL: QUARTZ.
SPECIAL:
NOTES:

PLUMBING

RETURNS: | SKIMMERS:
POOL MAIN DRAINS: | SPA MAIN DRAINS:
CLEANING SYSTEM: | HEADS:
VAC LINES: | ROBOT VAC:
WATER FEATURES: | SPA SPILLWAY:
LIGHTS IN POOL: | LIGHTS IN SPA:
TOTAL PIPE:
SPECIAL:
NOTES:

DECK

DECK TYPE: PAVERS - | ELEVATION:
TOTAL DECK SQFT: | PERIMETER:
RAISED BEAM: | LIP STYLE:
MATERIAL 1: | MATERIAL 2:
SPECIAL:
NOTES:

EQUIPMENT

POOL PUMP: JANDY - | 2ND PUMP:
FILTRATION: JANDY | FILTER SIZE:
HEATER: 400,000 BTU. | INLINE:
TIMER: | GAS: Propane.
SPECIAL:
NOTES: