IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176289

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

PIN # 4635135347

APPLICANT: Chris & Cassie Callaway / Edgewater Pools APPLICANT ADDRESS: 4635135347 188 Old Post

SITE ADDRESS: 188 Old Post Rd Mooresville, NC 28117 PHONE: 8137774803 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TL Meeting House Circle TL Easton Dr TR Old Post on Rt.

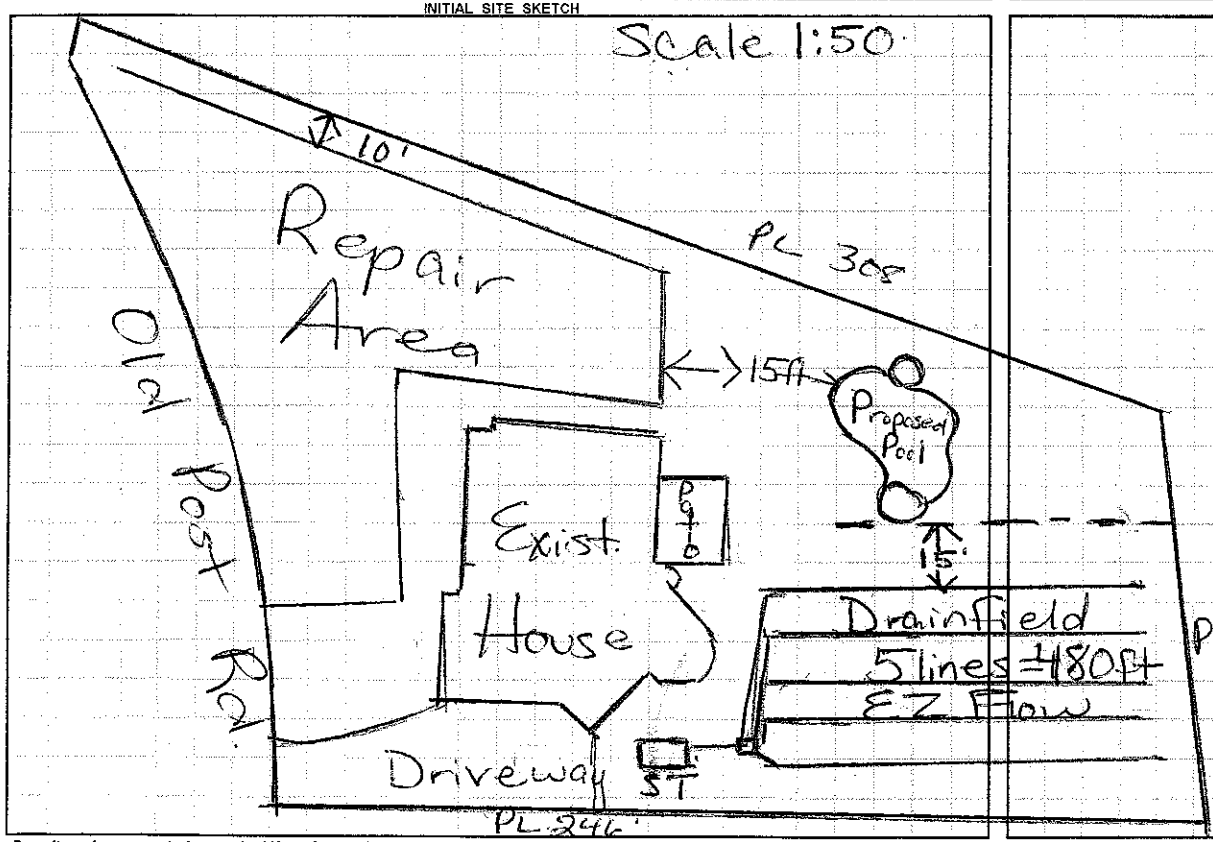
SUBDIVISION: The Point SECTION: 1A LOT # 22 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity - EZ Flow			☐ Business	No. Persons		☐ Private
Pump Make	Model		Serial #	Repair System Description:	Pump +25-50% Reduction			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1 # Lines	5	Linear Ft: 480'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36" Max. Trench Bottom Depth	36"	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

Note: Repair Area modified to accomodate Swimming pool.
*Must keep Pool "cut" at least 15ft from Septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Inground Swim. Pool addition does not appear to impact the existing septic system.
**NOTE: Must keep Pool Cut at least 15ft from Septic System & Designated Repair
Maya Dotson R.S.
Date: 11/4/2013
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.* ☐ **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: _____ Installed by: Orbison Construction 12/12/00

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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