IREDELL COUNTY HEALTH DEPARTMENT

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

AWP 11.30

PERMIT # 210050 House 214556 Pool

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

✓ PIN # 4635-16-4964.000

APPLICANT: Aloha Pools / Artisan Homes APPLICANT ADDRESS: 6401-B ORR RD. CHARLOTTE NC 28213

✓ SITE ADDRESS: 189 Mayfair Rd. Mooresville NC 28117 PHONE: 704-264-4885 ALT. PHONE: 704-562-4505

SITE DIRECTIONS: BSR, R Chatham, L Mayfair site on L

SUBDIVISION: The Point on Norman SECTION: 1B LOT # 42 LOT AREA: 0.85 acre DESIGN FLOW: 480 GPD L.T.A.R.: .3

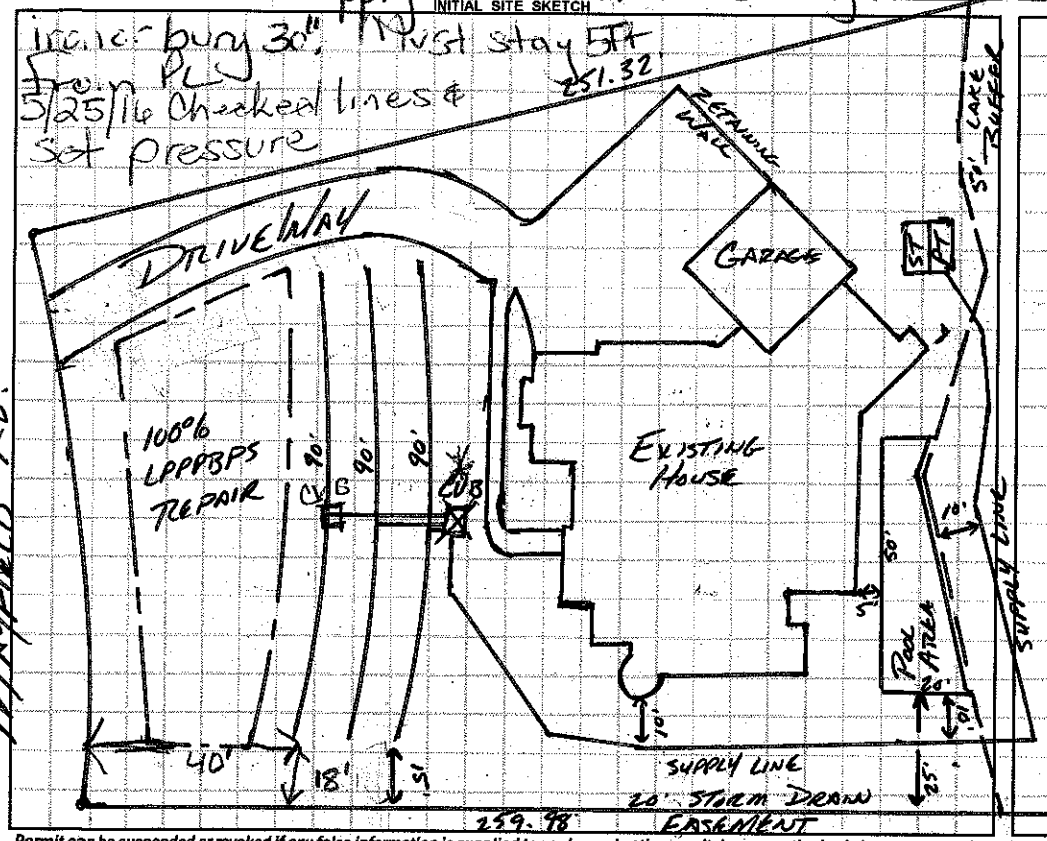
Septic Tank	1500 (gal)	STB	1500 in Ft Trnchtor	Date	Plastic-IP1530	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1500 (gal)	PT	1500 in Ft Trnchtor	Date	Plastic-IP1530	System Description:	LP-PPBPS	☐ Business	No. Persons	8	☐ Private
Pump Make	Orenco Biotube	Model	PF300511	Serial #	15H14-25-010	Repair System Description:	LP-PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3 (CF)	Linear Ft:	270' 274	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☐ Crawl Space		☒ Community
Trench Width	36" (2' max)	Max Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: No Foundation Drain Within 25' of Septic Drainfield. Crescent Communities Require 3' wide Trench. OK to Sleeve Supply line under drive using Quattro inc. ic: bury 30" Must stay 5ft from PL 5/25/16 Checked lines & set pressure ≤1.32

Maintain 10' Separation From Pool w/ Supply Line. Do Not Cross 35' Lake Buffer with Supply Line. JMP

* OK to put CVB at highest line.

INITIAL SITE SKETCH



AS BUILT SKETCH

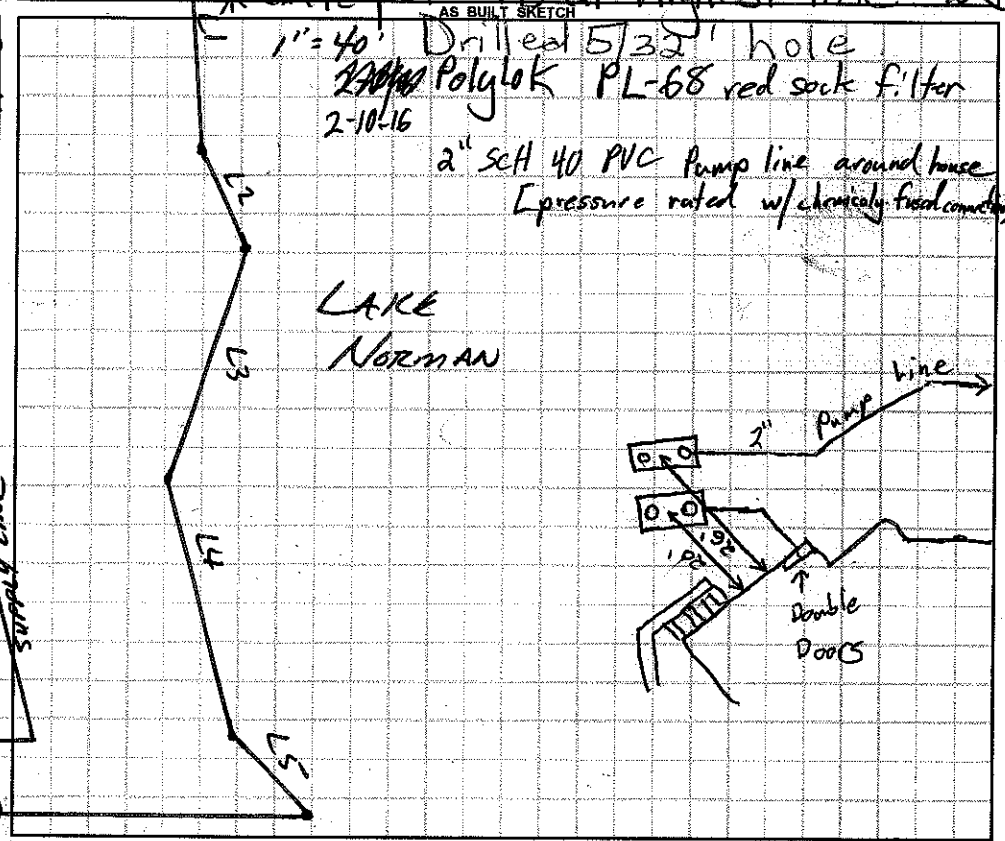
1" = 40'

Drilled 5/32" hole

Polylok PL-68 red sock filter

2-10-16

2" SCH 40 PVC Pump line around house [pressure rated w/ chemically fused connections]



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: 1/20/16 Installed by: Orbison

IMPROVEMENT PERMIT by: APPROVED NOV 19 2015 OPERATION PERMIT by: W Sparks Date: 12-16-15

AUTHORIZATION TO CONSTRUCT by: APPROVED NOV 19 2015 Existing System Inspected by: Date:

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

Steve 7046112103

	Date	Initials
Drain Lines Checked	5/25/16	MD
	2-10-16	SB
Tanks Checked	5/25/16	MD
Pressure Manifold or Valve Box Checked	5/25/16	MD
Pressure Head Set	5/25/16	MD
Electrical Checked		
Floats Set	6-14-16	
Alarm Checked	2-10-16	SB
Maintenance Contract (Y) N		
Convegance/Pump Line		