IREDELL COUNTY HEALTH DEPARTMENT

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

MVP 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, R MAYFAIR, SITE ON L

SUBDIVISION: TAR 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 Traditor Date Plastic-IP 1530

Pump Tank 1500 (gal) PT 1500 in-ft Traditor Date Plastic-IP 1530

Pump Make Orenco Biotube Model PF300511 Serial # 15H14-25-010

Nitrification Fields 1 # Lines 3 (CF) Linear Ft: 270' 27A

Trench Width 36" (2' Max.) Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LP-PPBPS

Repair System Description: LP-PPRPS

Maintenance Agreement Required: ☒ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: No Foundation Drain Within 25' of Septic Drainfield

Present Communities Required 3' Wide Trench

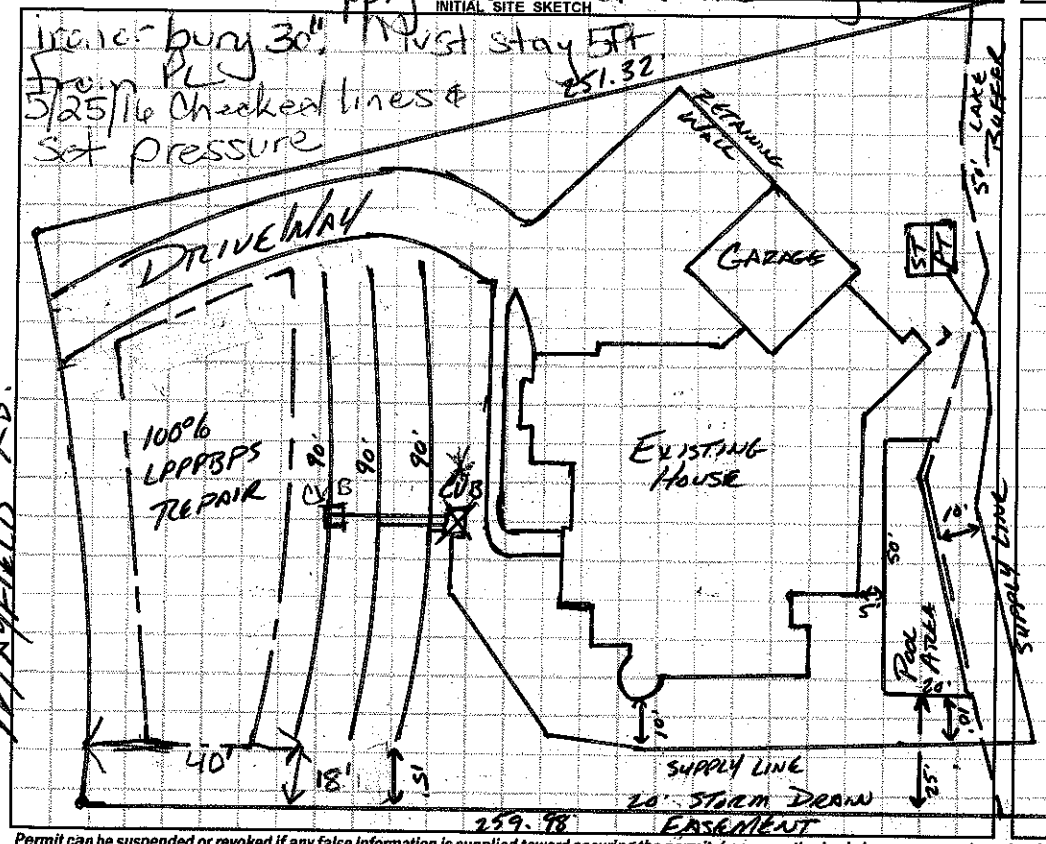
OK to Sleeve Supply line under drive using Outside Contractor buny 30" Must Stay 5FT from PL

5/25/16 Checked lines & Set pressure

Maintain 10' Separation from Pool w/ Supply Line. Do not Cross 35' Lake Buffer with Supply Line.

* OK to put CVB at highest line. MP

INITIAL SITE SKETCH



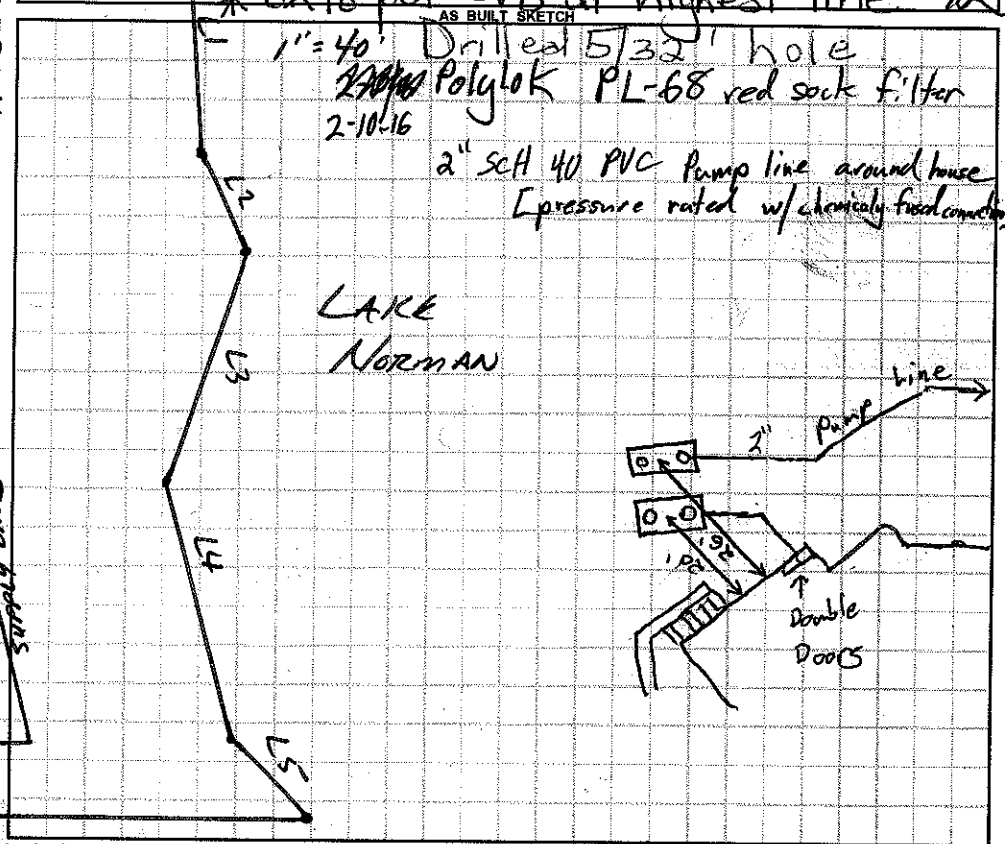
AS BUILT SKETCH

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/ chemicaly 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: Tess Mayer Date: 1/20/16 Installed by: Orbison

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

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

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