IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217472

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

PIN # 4636-11-2707

APPLICANT: Superior Pools APPLICANT ADDRESS: 2035 Knox Rd.

SITE ADDRESS: 225 Cove Creek Ln. Mooresville NC PHONE: #561-213-1160 ALT. PHONE: 704-896-7773

SITE DIRECTIONS: BSR, TL Isle of Pines, TL Chesapeake Point (Cove Creek) Site on R

SUBDIVISION: Chesapeake Pointe SECTION: 3 LOT # 52/52A LOT AREA: 1.2 Acre DESIGN FLOW: Ex. 480 GPD L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB		Date				
Pump Tank	Existing	(gal)	PT		Date				
Pump Make	Ex.	Model		Serial #					
# Nitrification Fields	Ex.	# Lines	Ex.	Linear Ft:	Ex.				
Trench Width	Ex.	Max. Trench Bottom Depth	Ex.	Gravel Depth	N/A				

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

System Description: Existing 25% Reduction - Pump

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms Ex. 4

☐ Business No. Persons Ex. 8

☒ Other Pool No. Employees

☐ Slab ☐ Crawl Space

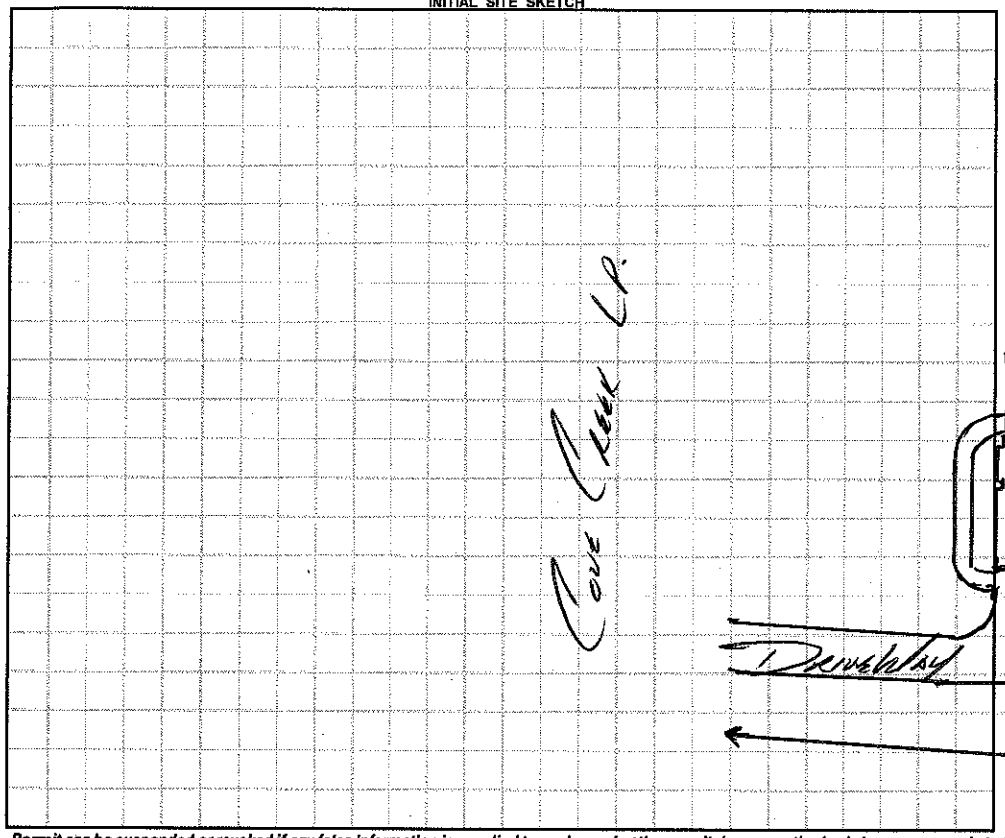
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private ☐ Public ☒ Community

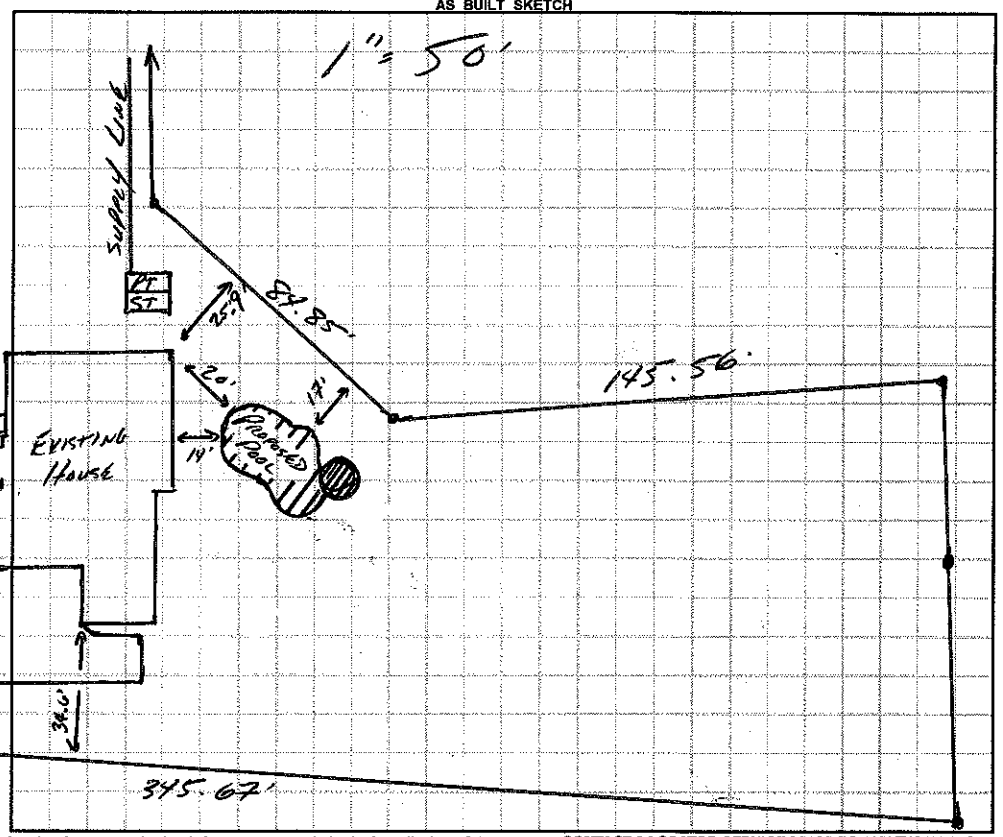
Comments / Conditions: This Permit is For Addition of 46'x22' Pool. Maintain 15' From Septic Tanks. System Upgrades To Be Functional @ Time Of Inspection.

Pool Addition is Drawn As was Marked in Field. Drainfield is Located Offsite. See Prior Permit.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: [signature] Date: 5-12-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] APPROVED MAY 05 2016

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