IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224127

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

PIN # 4636138299

APPLICANT: Connor Kelly APPLICANT ADDRESS: 130 Farm Knoll Way Mooresville, NC

SITE ADDRESS: 130 Farm Knoll Way Mooresville, NC PHONE: 828644-8263 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR Isle of Pines TR Rockridge Pt. TR Farm Knoll Way on right

SUBDIVISION: Rock Ridge Pt. SECTION: — LOT # 40 LOT AREA: 1.69 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .85

Septic Tank 1500 (gal) STB ____ Date ____

Pump Tank 1500 (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 4 Linear Ft: 338'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Existing LP PPBPS

Repair System Description: LP PPBPS

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

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☒ Other Spa No. Employees ____

☐ Slab ☒ Crawl Space

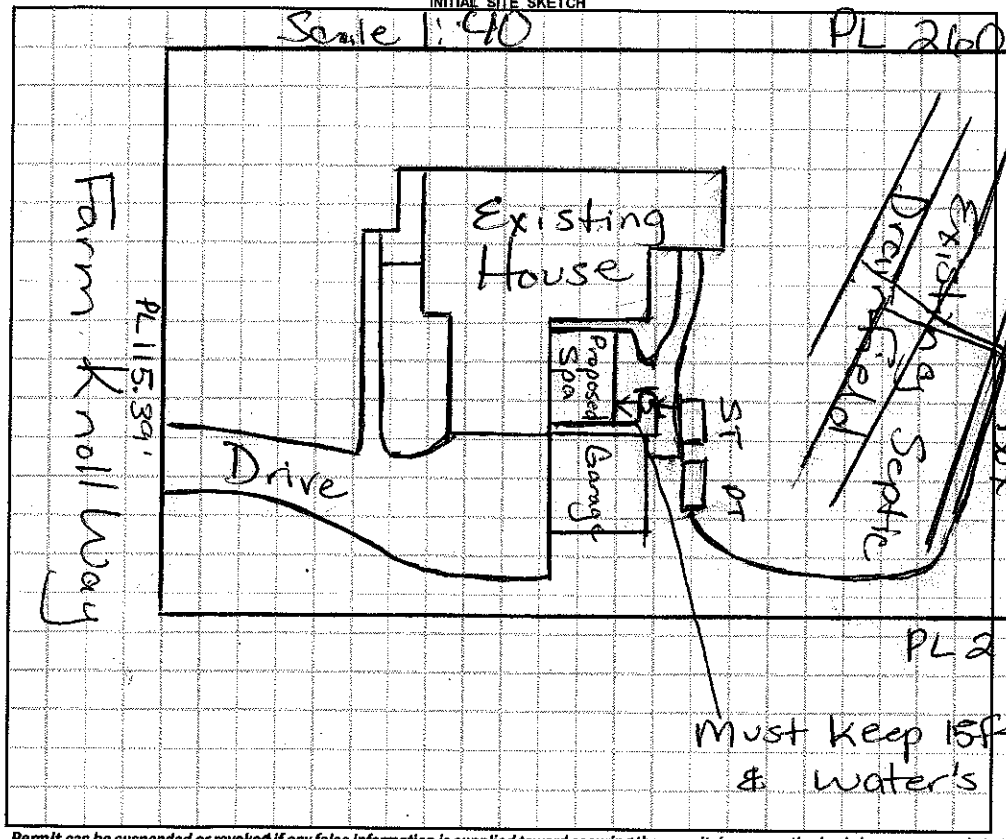
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

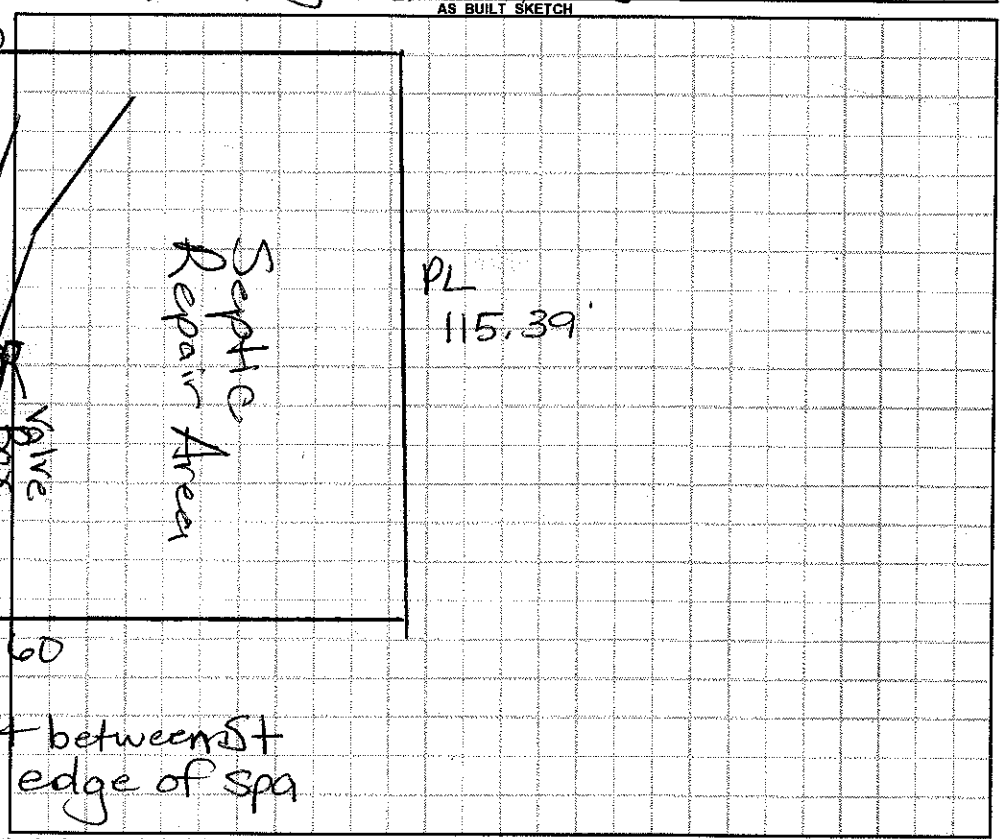
Comments / Conditions: A (water's edge of spa must be at least 15Ft from) Septic tank (ST)

The proposed "in ground" spa does not appear to impact existing Septic System as long as setbacks are maintained.

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: Lisa Aylward Date: 2-9-17 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Marie Dotson Date: 1/28/17 MD

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

ROCKRIDGE POINT SUBDIVISION

