# IREDELL COUNTY HEALTH DEPARTMENT

Pool 109

STATESVILLE 704-878-5305

MOORESVILLE 704-664-5281

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

PERMIT# 14792I

OWNER OR APPLICANT Danielle Grancagnolo PIN# 4636 32 8692.034 4636 32 5614

ADDRESS 130 Meadow Run Ln. Mooresville NC 28117 PHONE: Business _____ Home 704 660-9476

LOCATION Brawley School Rd TL Isle of Pines TR First DATE 1/23/08

SUBDIVISION The Coves at Chesapeake BLOCK / SECTION _____ LOT 34 LOT AREA .69 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank Ex. 1000 Gallons: STB _____ Date _____

Pump Tank: Ex. 1000 Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet Ex 540 Linear Feet Ex 320

No. Lines Ex 3 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: Existing LS PIPES

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth _____ ☐ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

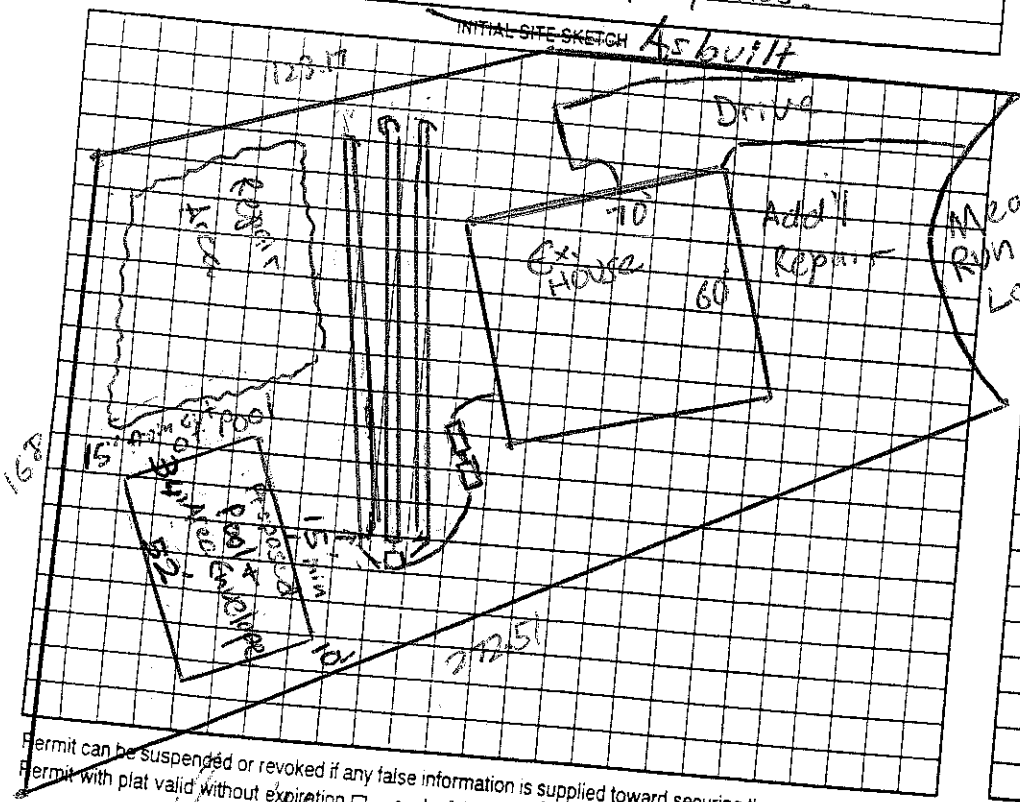
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

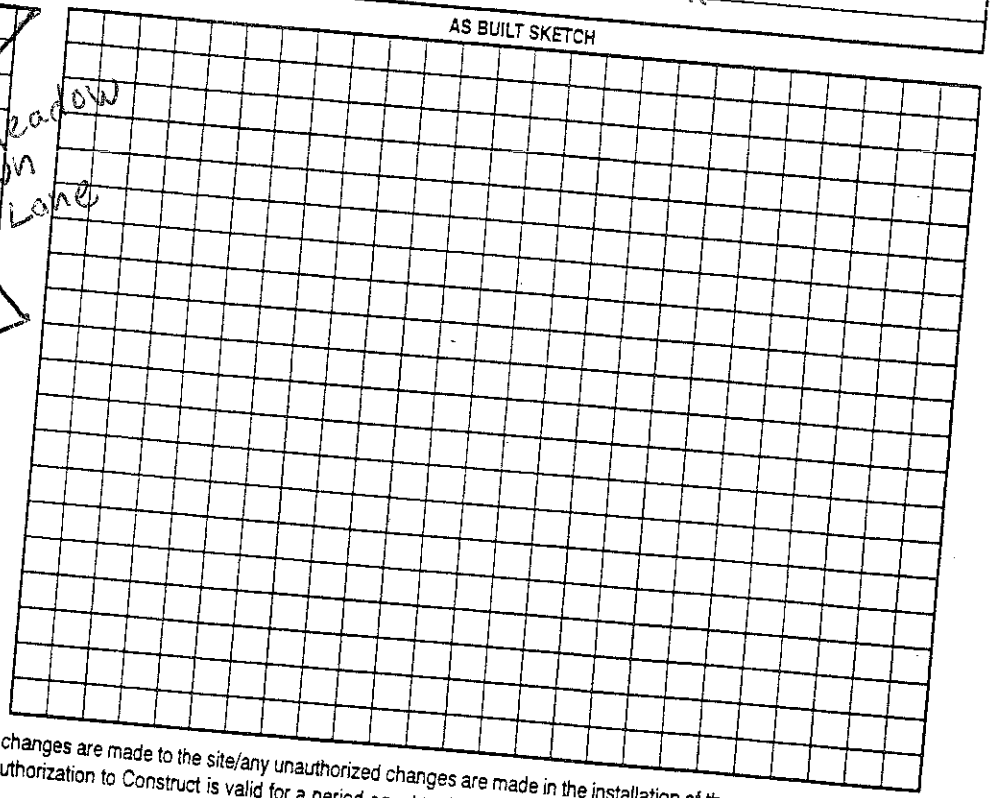
Comments:/Conditions: Maintain 15' separation of septic system from cut of pool. Keep pool min 10' from all property lines.

Comments:/Conditions: * Repair area re-designated for pool area * See original permit attached *

INITIAL SITE SKETCH As built




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. Improvement Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐

Signed: _____

~~Improvement Permit by:~~ _____ date 3/5/08

~~Authorization to Construct by:~~ _____ date 1/23/08

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Anthony Cobb date 1/23/08

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK