Pool 109

IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

PERMIT# 147921 DATE 1/23/08

OWNER OR APPLICANT Danielle Grancagnolo PIN# 4636 32 8692.034 4636 32 5614 PHONE: Business _____ Home 704 660-9476

ADDRESS 130 Meadow Run Ln Mooresville NC 28117

LOCATION Brawley School Rd TL Isle of Pines TR Pinet

SUBDIVISION The Cove 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 576 Linear Feet Ex 320

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

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

System Description: Existing SFPBS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth _____ ☐ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons _____ No. Employees _____

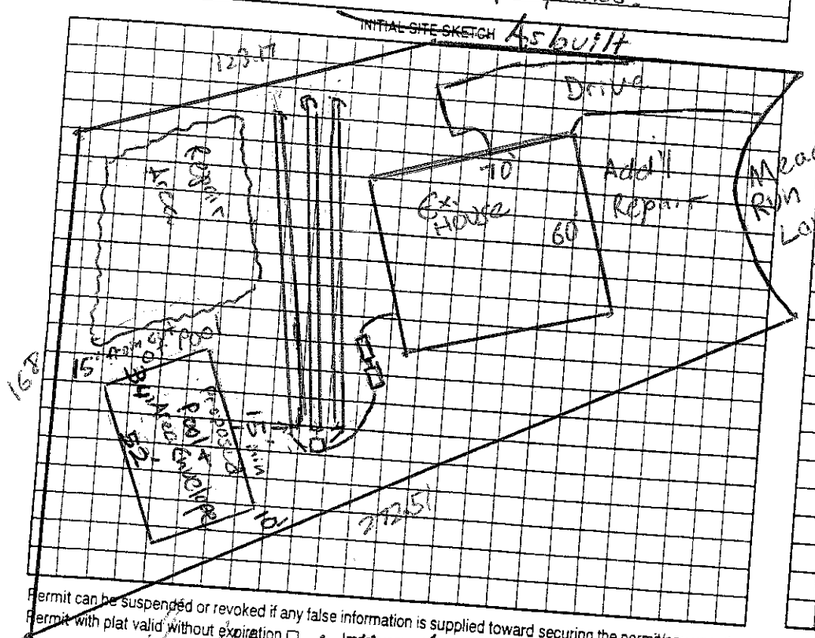
Water Supply: ☑ Individual ☐ Public ☐ Community

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

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 Per 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 Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____

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

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

Installed by: _____ date 1/23/08

Operation Permit by: _____ date _____

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

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