Pool/Existing Owners Ø

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149087 PIN# 4637214601.000 4637-21-4710 DATE 4/1/08

OWNER OR APPLICANT Debra Aul PHONE: Business 704 343-7575 Home 704 660-7522

ADDRESS 236 Patternote Rd Mooresville, NC 28117

LOCATION Brawley school Rd. TR Blume Rd TR Patternote 236 Patternote

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT 35 LOT AREA @ 78 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. Exis

Septic Tank Exis. 1000 Gallons; STB _____ Date _____

Pump Tank Exis 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Exis 1200 Linear Feet Exis 400'

No Lines 3 Exis Trench Width 36" Exis Max Trench Bottom Depth 36" Exis Gravel Depth _____ ☐ Gravity ☐ Pressure

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

System Description: Existing pump and system/Pool

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

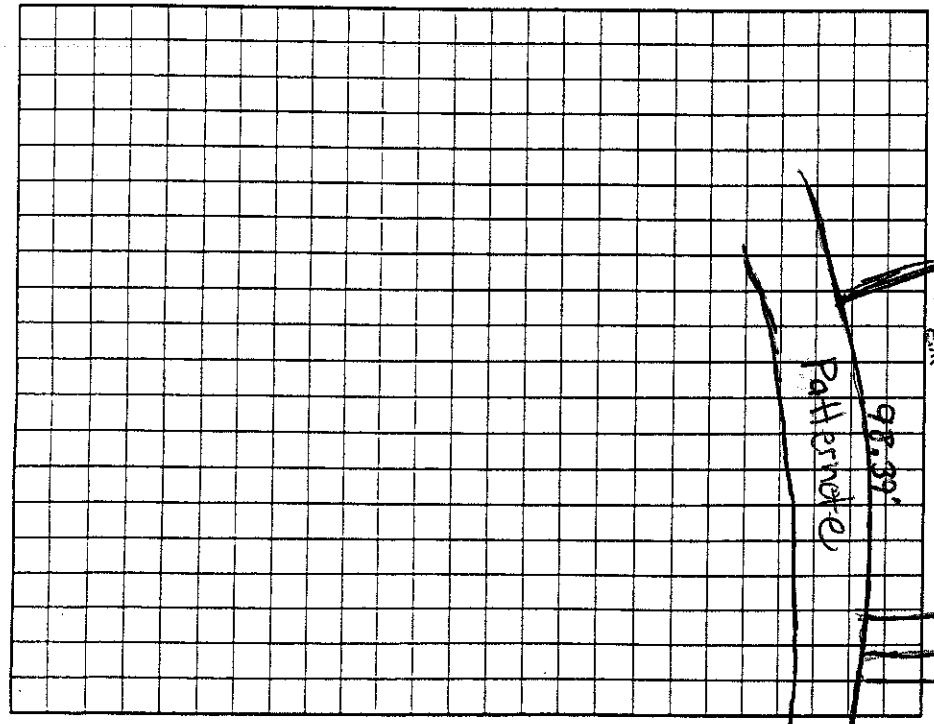
Water Supply: ☒ Individual ☐ Public ☐ Community

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

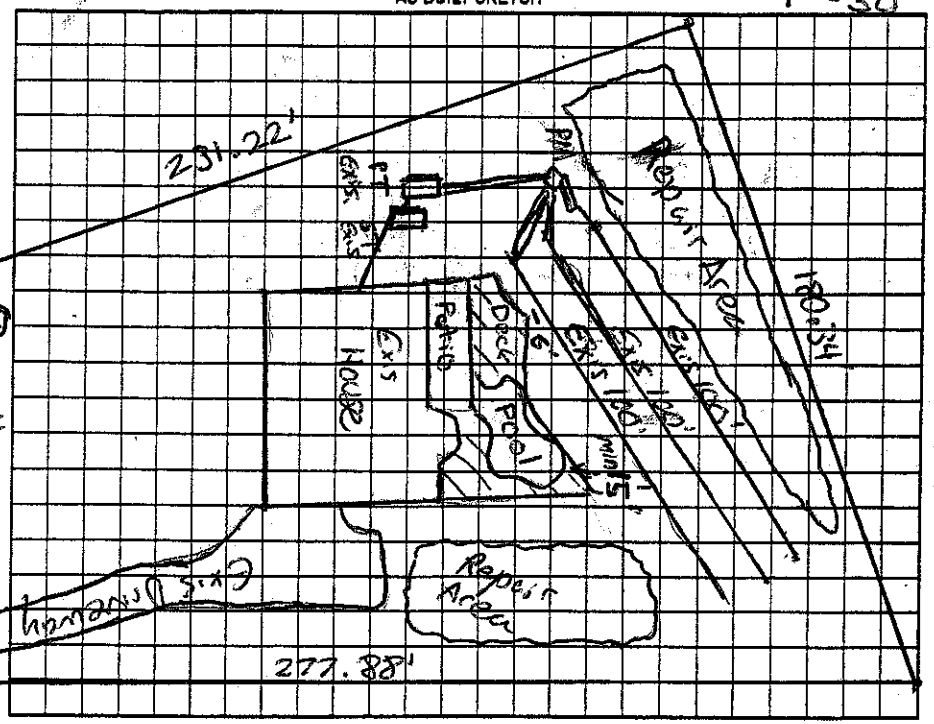
Comments/Conditions:

Comments/Conditions: See permit (Blume Rd Partners, 2002) Repair area has been redesigned to include area for a pool, Keep out of pool min 25' from all parts of septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH 1"=50'



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: _____ date 4/24/08 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Anthony Coke, Jr. date 4/1/08

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