IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 216573

RAT

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

PIN # 4637-35-1871.000

APPLICANT: Hatteras Pools | APPLICANT ADDRESS: 3900 N. Sharon Amity Charlotte NC 28205

SITE ADDRESS: 309 Whippoorwill Rd. Mooresville NC 28117 | PHONE: 704-567-9309 | ALT. PHONE: 704-567-9309

SITE DIRECTIONS: Hwy 150 W, TL Doak Rd, TR Whippoorwill, Site on L

SUBDIVISION: C I T | SECTION: 10 | LOT # 40 | LOT AREA: .60 Acre | DESIGN FLOW: Ex. 480 GPD | L.T.A.R.: Existing

Septic Tank: Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms: Ex. 4	Water Supply: ☒ Private
Pump Tank: Existing (gal)	PT	Date	System Description: Existing LP-PABPS		☐ Business	No. Persons: Ex. 8	☐ Public
Pump Make: Ex.	Model: Ex.	Serial #	Repair System Description: Existing Bed & Panel		☐ Other	No. Employees	☐ Community
# Nitrification Fields: Ex.	# Lines: Ex.	Linear Ft: Ex.	Maintenance Agreement Required: ☒ YES ☐ NO		☒ Slab	☒ Crawl Space	
Trench Width: Ex.	Max. Trench Bottom Depth: Ex.	Gravel Depth: N/A/Ex.	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

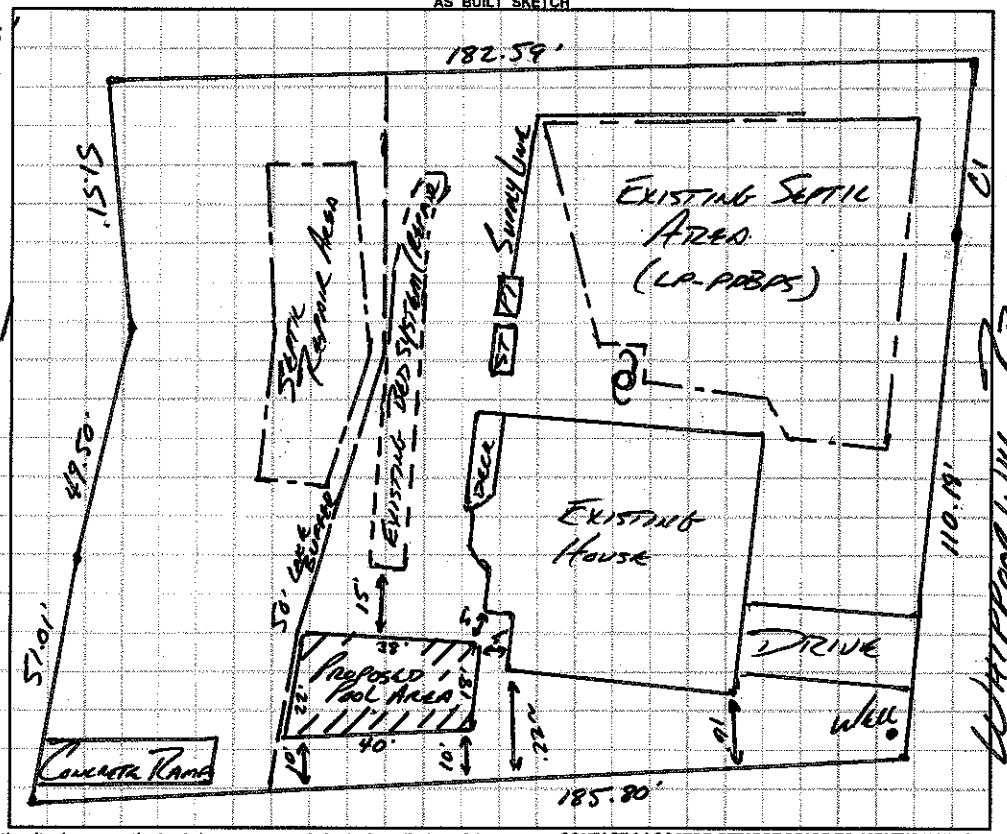
Comments / Conditions: Existing System Appeared To Be Functioning @ Time of Inspection. Maintain 15' From Septic w/ Pool.

INITIAL SITE SKETCH

1" = 40'

Lake Norman

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: 3/28/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 3/9/16

APPROVED MAR 09 2016

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