IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202261

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

PIN # 4638085679

APPLICANT: Michael Horn/Southeastern Pools APPLICANT ADDRESS: P.O. Box 25271 Winston Salem, NC 27114

SITE ADDRESS: 118 Fairburn Dr Mooresville, NC PHONE: 336 788-4740 ALT. PHONE: 704 995-8165 Troy Maxwell

SITE DIRECTIONS: Hwy 150 W. TR Perth Rd TL Fern Hill Rd TR Fairburn Jim Pennell 1st house on right

SUBDIVISION: C i & T SECTION: 15 LOT # 995 LOT AREA: 1.24 Acre DESIGN FLOW: 480gpd L.T.A.R.:

Septic Tank	1500 (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description: Existing Gravity - Conventional		☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description: Modified		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth		Gravel Depth	12"	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

EXISTING

Comments / Conditions: Must keep any building at least 5ft from Septic System

INITIAL SITE SKETCH

Scale 1:50'

PL 210.95'

PL 57.94'

PL 31.47'

Lake Norman

The proposed / existing Inground Swimming Pool addition does not appear to impact the existing septic system.

**NOTE: Must keep Pool Cut for any Cut >2ft 15ft from Septic System

Date: 5/2/2014

ICHD-Environmental Health Division

AS BUILT SKETCH

PL 135.53'

PL 137.56'

PL 169.56'

PL 42'

Existing Drainfield

Proposed Pool

Garage

Deck

House

Driveway

Wall

15'

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: _____ Date: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Maria Dolan RS Date: 5/2/14

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