IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215785

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

PIN # 4639-35-7133

APPLICANT: Deanna Pelucio [Artistic Pools] APPLICANT ADDRESS: 21450 Country Club Drive

SITE ADDRESS: 113 Nautical Point Ct, Mooresville, NC PHONE: 980-297-0122 ALT. PHONE:

SITE DIRECTIONS: Perth Rd North from Rt. 150 → Left onto Fern Hill Rd → Right onto Nautical Point Ct → left side of cul-de-sac

SUBDIVISION: Nautical Point SECTION: — LOT # 3 LOT AREA: 2.7 acres DESIGN FLOW: 600 L.T.A.R.: 0.3

Septic Tank ____ (gal) STB ____ Date ____

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields ____ # Lines ____ Linear Ft: ____

Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: ☒ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

☐ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

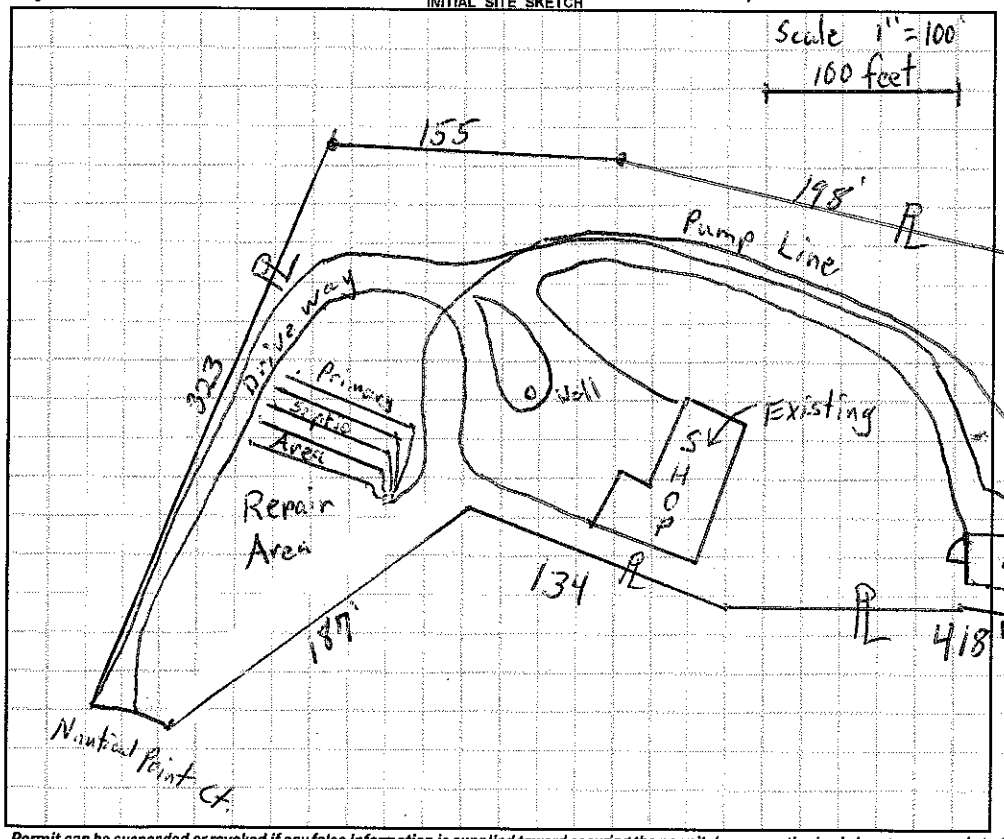
☐ Private

☐ Public

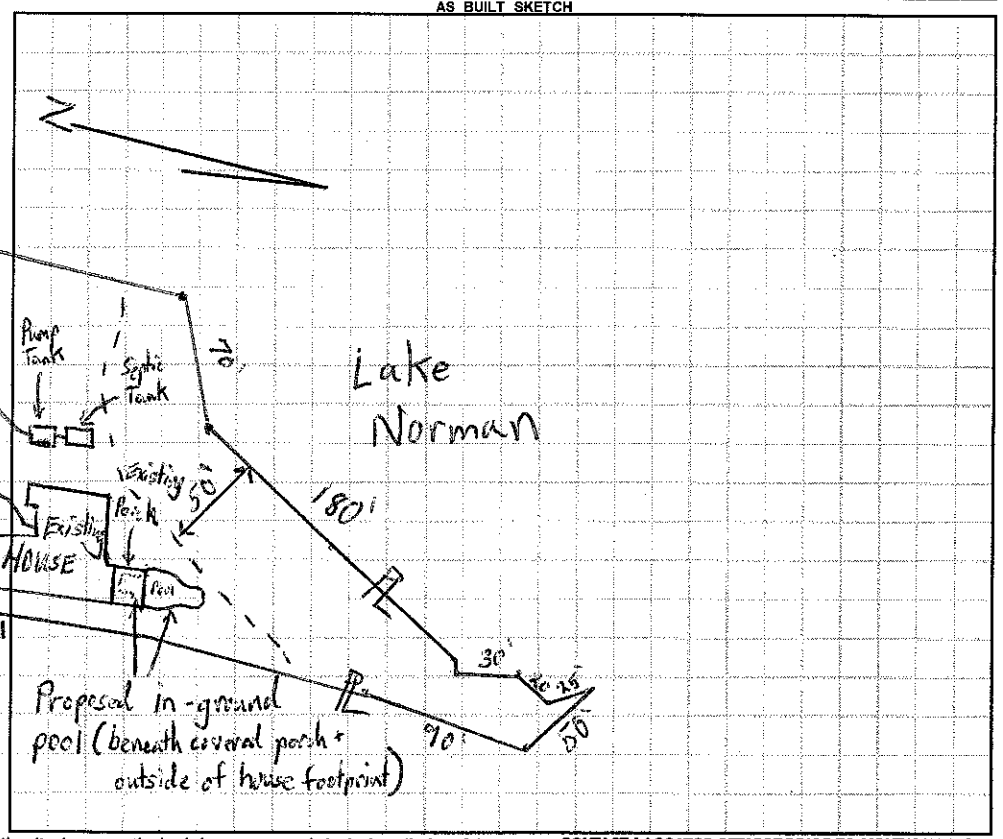
☒ Community

Comments / Conditions: Pool will be constructed partially beneath existing raised porch. Pool will be 39' x 22' on exterior of existing porch/house footprint and 15 wide beneath the porch with a 7'x8' jacuzzi. No as drains from the pool will be plumbed into the house sewer line or allowed to enter into the house septic system.

INITIAL SITE SKETCH



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: Deanna Pelucio Date: 1/27/16 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Tim Shuck Date: 1-26-16

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