* Relocation for Pool. BA

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221284

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

PIN # 4639462504

APPLICANT: Jessica Younts APPLICANT ADDRESS: 183 Tennessee Circle Mooresville NC 28117

SITE ADDRESS: 183 Tennessee Circle Mooresville, NC PHONE: ALT. PHONE: 704 508-1734

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fernhill TR Tennessee Circle on left on Corner w/ Tennessee Cir.

SUBDIVISION: Northwood SECTION: 5 LOT # 37 LOT AREA: 1.8 Acre DESIGN FLOW: 480 gpd L.T.A/R.: .3

Existing

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

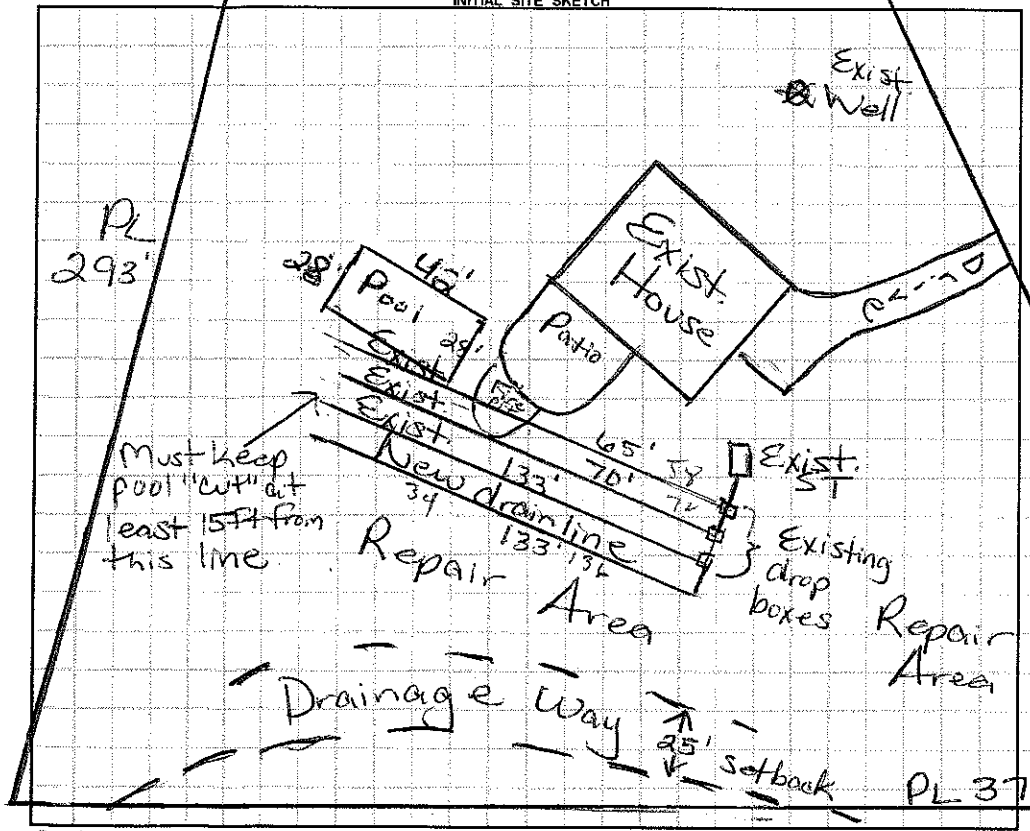
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Abandon drainlines within 15ft of Pool "Cut". Abandon drainline = that's covered by Patio & fire pit.
Install new drainline below existing Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:60

System (Use 25% Reduction)

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: Jessica Younts Date: 10/4/16 Installed by: Orleson Brothers

IMPROVEMENT PERMIT by: Maria Dotson RS. Date: 9/30/16 OPERATION PERMIT by: W Sparks Date: 10/26/2016

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 9/30/16 Existing System Inspected by: Date:

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