# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213021

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

PIN # 4639-54-1837.000

APPLICANT: 13 Ananda Fish LLC APPLICANT ADDRESS: 9222 Monroe Rd. Charlotte NC 28270

SITE ADDRESS: 117 Northington Woods Dr. Mooresville NC PHONE: 704-321-2997 ALT. PHONE:

SITE DIRECTIONS: South To Ferguson Hill, TL Northington Woods, Site on RL

SUBDIVISION: Northington Woods SECTION: LOT # 73/73A LOT AREA: 1.344 AC. + 1.05 AC DESIGN FLOW: Ex. 480 GPD T.A.R.: Existing

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | Existing | (gal) | STB | | Date | | | | | | |
| Pump Tank | Existing | (gal) | PT | | Date | | | | | | |
| Pump Make | Ex | Model | | Serial # | | | | | | | |
| # Nitrification Fields | Ex | # Lines | Ex | Linear Ft: | Ex | | | | | | |
| Trench Width | Ex | Max. Trench Bottom Depth | Ex | Gravel Depth | N/A | | | | | | |

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

System Description: Existing LP-PP13PS + Pump

Repair System Description: LP-PP8PS

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms Ex 4

☐ Business No. Persons Ex 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

**Water Supply**
☒ Private
☐ Public
☐ Community

Comments / Conditions: This Permit is for Proposed Pool. Pool Meets Setbacks From Well And Septic.

INITIAL SITE SKETCH

1" = 60'

Northington Woods Dr.

AS BUILT SKETCH

263.39'

Dr.

Supply Line To Offsite

PT/ST

Existing House

Patio

Well

15'

16'

10'

Proposed Pool

35'

Driveway

300.07'

Rot. 18°

*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: Rachel Hall Date: 10/6/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED SEP 24 2015

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