IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207905

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

PIN # ~~4639755467~~ 4639-85-6375

APPLICANT: Award Pools for John Kennedy APPLICANT ADDRESS: 168 Pleasant Creek Dr Mooresville 28113 or 411 Brawley Rd ~~Cleveland NC~~ 28113

SITE ADDRESS: 153 Leaning Tower Drive Mooresville NC 28117 PHONE: (704) 746-9932 ALT. PHONE: (678) 943-4016 Donald Wilson

SITE DIRECTIONS: Go 150 W TR on Perth Rd TL on Bells Crossing TR on St Augustin TL on Leaning Tower Drive

SUBDIVISION: Bells Crossings SECTION: 2 LOT # 39 LOT AREA: DESIGN FLOW: 600 L.T.A.R.: .25

Septic Tank existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines 9 Linear Ft: 600
Trench Width 36 Max. Trench Bottom Depth 30 Gravel Depth N/A

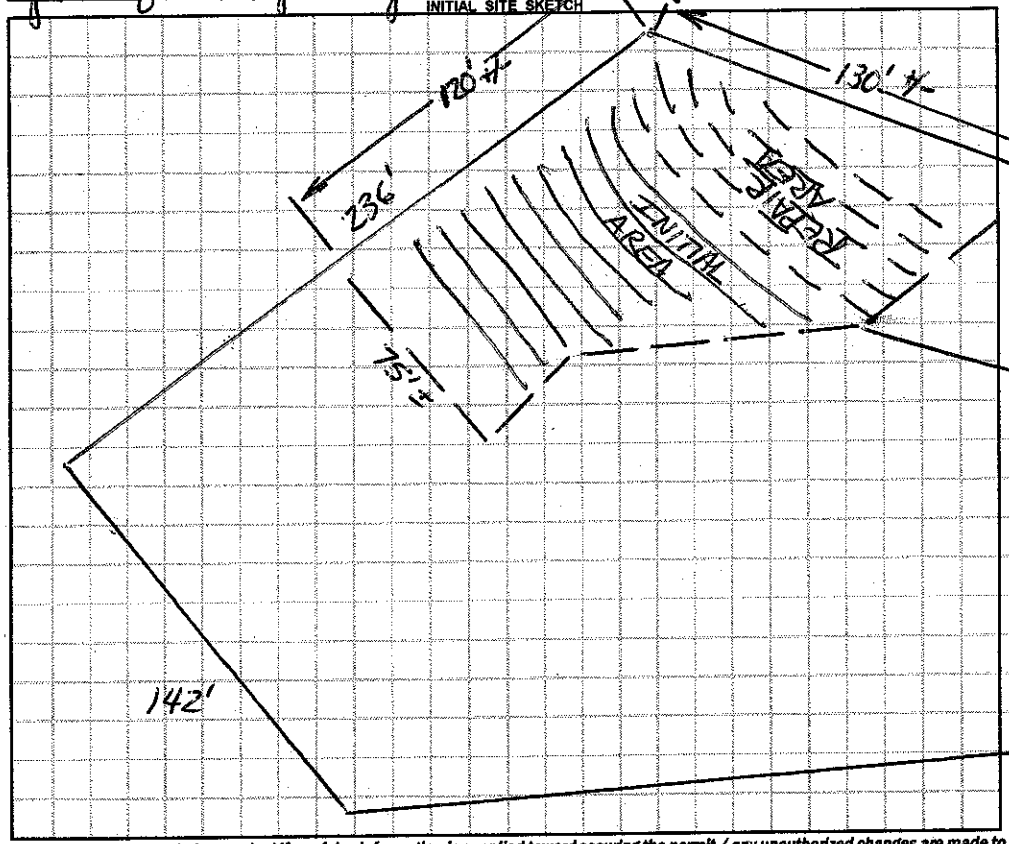
☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction (existing)
Repair System Description: LPP panel block
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 5
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

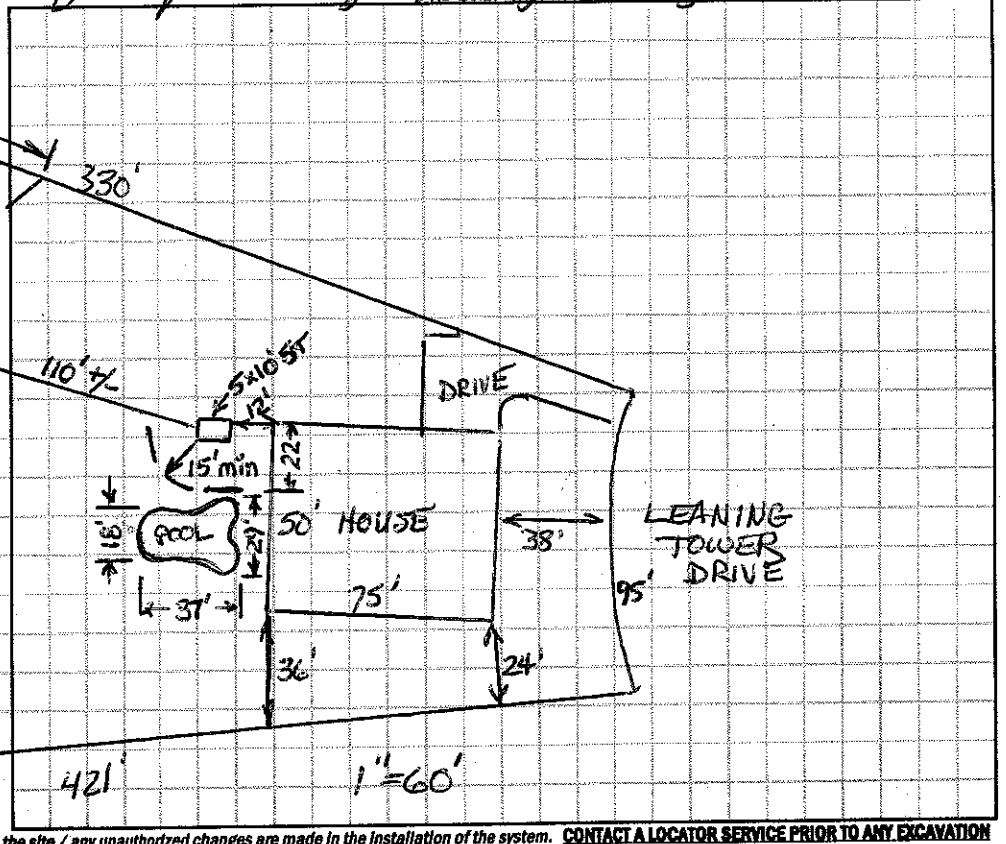
Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Septic tank was located and corners were marked w/red flags and 15' min setback was marked with white flags. Pool must be 15' minimum from all parts of the septic system and repair. *This is only authorization to construct a pool and not any increase in daily waste flow over 600 gal/day or more than 5 bedrooms or change of use from Single Family dwelling

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: Date: 2-10-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Richard James Date: 1/27/15

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