IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 162774 PIN # 4644389053 DATE 8-2-2010

OWNER or APPLICANT Darron Deal/Superior Pools PHONE: Business 704 516-0659 Home: 704 892

OWNER or APPLICANT ADDRESS 812 Southwest Dr. Davidson, NC 28036

LOCATION / DIRECTIONS Langtree Rd TL Meeklynn Rd TR West Paces TR Sea Hide Ct #109

SUBDIVISION Westview BLOCK / SECTION LOT # 19 LOT AREA .88Ac DESIGN FLOW 480gpd L.T.A.R. .3

Exist

Septic Tank 1000 Gallons: STB Date

Pump Tank 1000 Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 400'

Trench Width 36" Max. Trench Bottom Depth Gravel Depth N/A

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

System Description: Pump - Plastic Chamber

Repair System Description: Pump - 25% - 50% Reduction

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

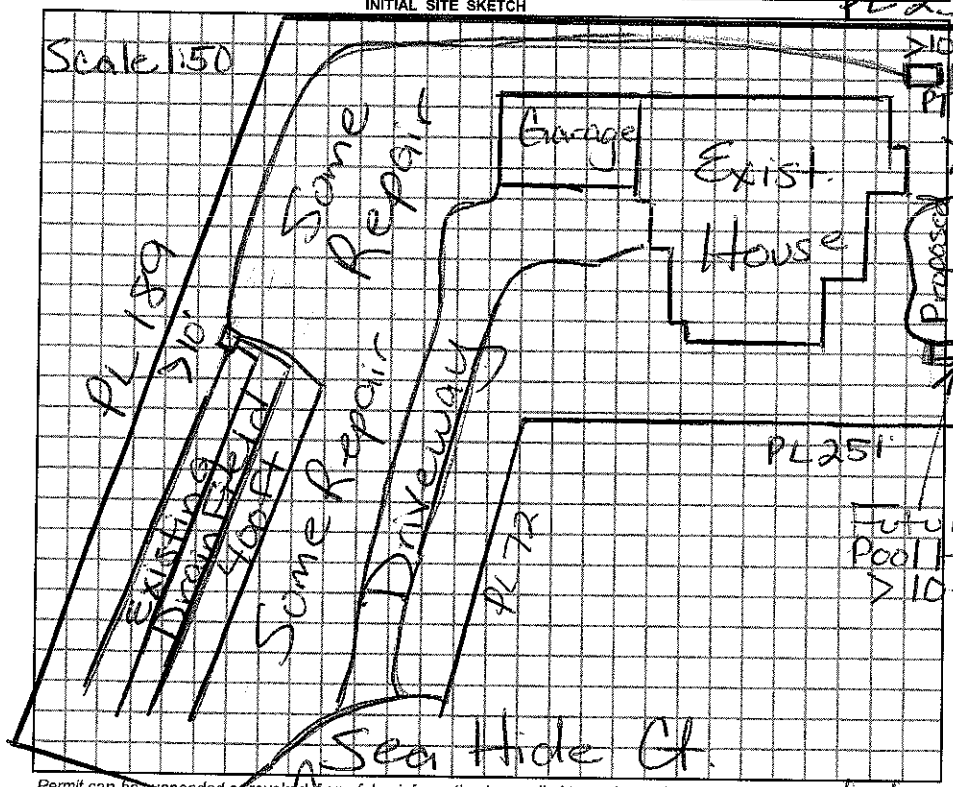
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

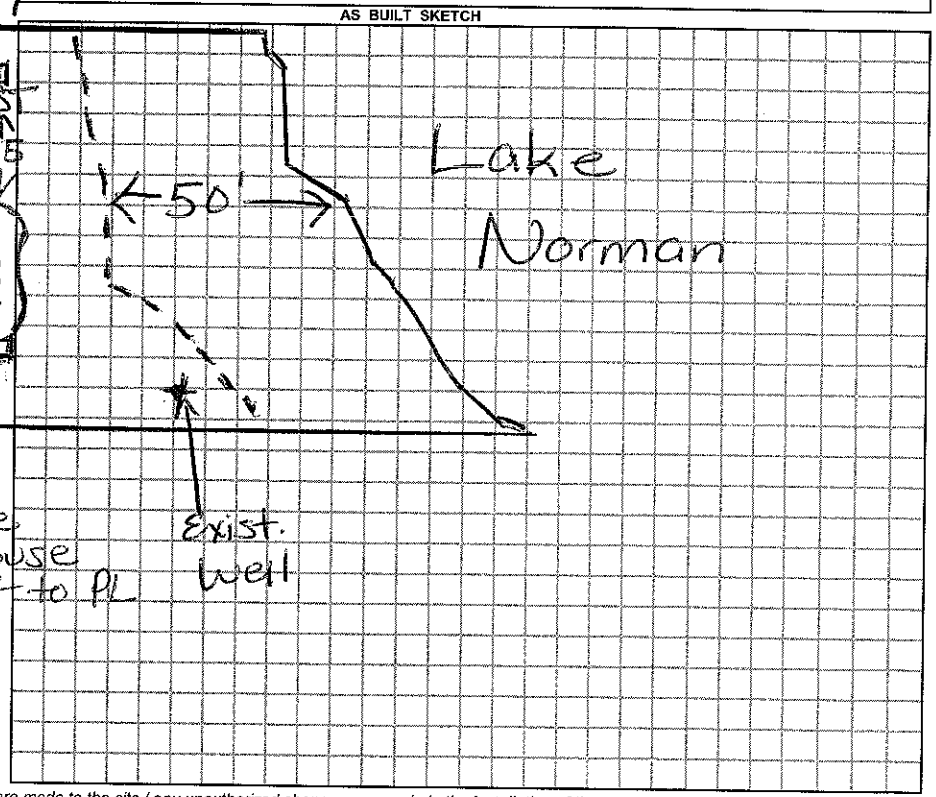
Comments / Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments / Conditions: Must keep Pool "cut" at least 15ft from 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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: X Date 8/2/10

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Marie H. Dixon RS Date: 8/2/2010

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Tax MOORESVILLE 704-664-5281

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

PERMIT# 108533 PIN# 4644389053 DATE 9-16-2002

OWNER OR CONTRACTOR ~~Tom & Tawnya Austin~~ Darron Deal PHONE: Business (704) 516-0659 Home 336 835-7500

ADDRESS P.O. Box 187 Jonesville, NC 28642

LOCATION Langtree Rd ~~TR~~ TL Meeklynn Rd TR West Paces TR Sea Hide Ct. #109

SUBDIVISION Westview BLOCK / SECTION ____ LOT 19 LOT AREA .88 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1612 Date 9/24/02

Pump Tank: 1000 Gallons; PT 1017 Date 11/6/02

Pump Make: Geotas Model WDA-3HP Serial No. 1/20/03

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-PM-25% Reduction

Repair System Description: Pump-Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees ____

☐ Other ____

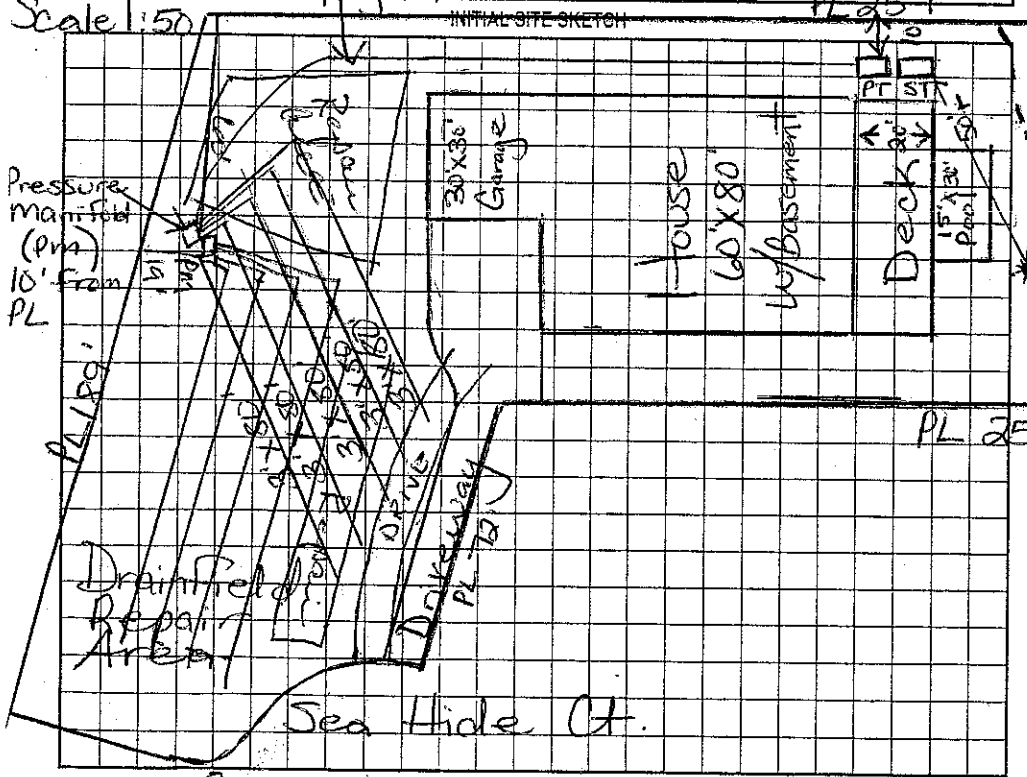
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

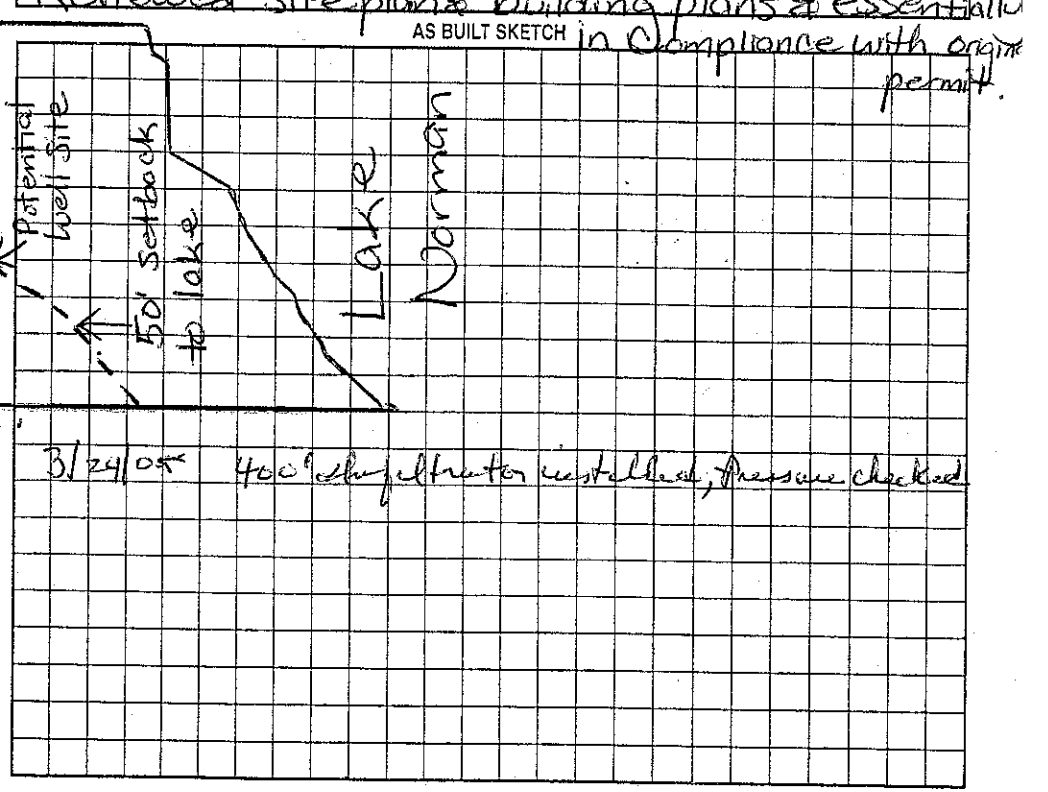
Comments:/Conditions: Keep Septic System at least 10' from PL & 50' from lake. Keep tanks at least 50' from any well.

Comments:/Conditions: Note: Ok to do 4 lines @ 100' Drainfie if installer can get it to fit & stay on Contour. Reviewed site plans & building plans & essentially in compliance with origin permit.

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 9/17/02

Improvement Permit by: Maina H.H. Dolan R.S. date 9/16/02

Authorization to Construct by: Maina H.H. Dolan R.S. date 12/10/03

Installed by: A-1 Backhoe

Operation Permit by: Maina H.H. Dolan REHS date 7/30/2010

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK