IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209664

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

PIN # 4645269033

APPLICANT: Anthony & Sylvan Pools / Frank Giguere APPLICANT ADDRESS: 8334A Arrowridge Blvd Charlotte, NC 28273

SITE ADDRESS: 197 Queens Rd Mooresville, NC 28117 PHONE: 704 525 1100 ALT. PHONE: 401 465 - 5716

SITE DIRECTIONS: US 21 South TL Alcove Rd TR Templeton TL Camino Real TL Queens Cove Rd on left

SUBDIVISION: Queens Cove SECTION: 3 LOT # 24 LOT AREA: 2.68 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines *4 CF Linear Ft: 534+
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Existing Gravity - Conventional
Repair System Description: Modified Conventional
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

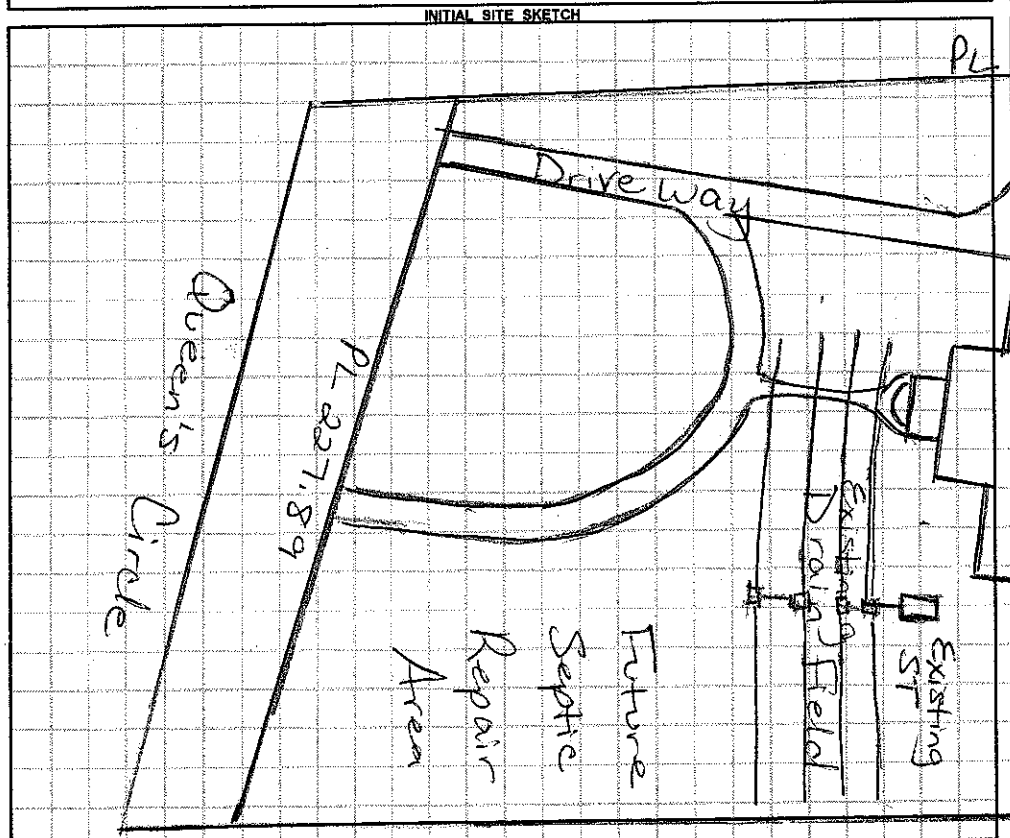
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

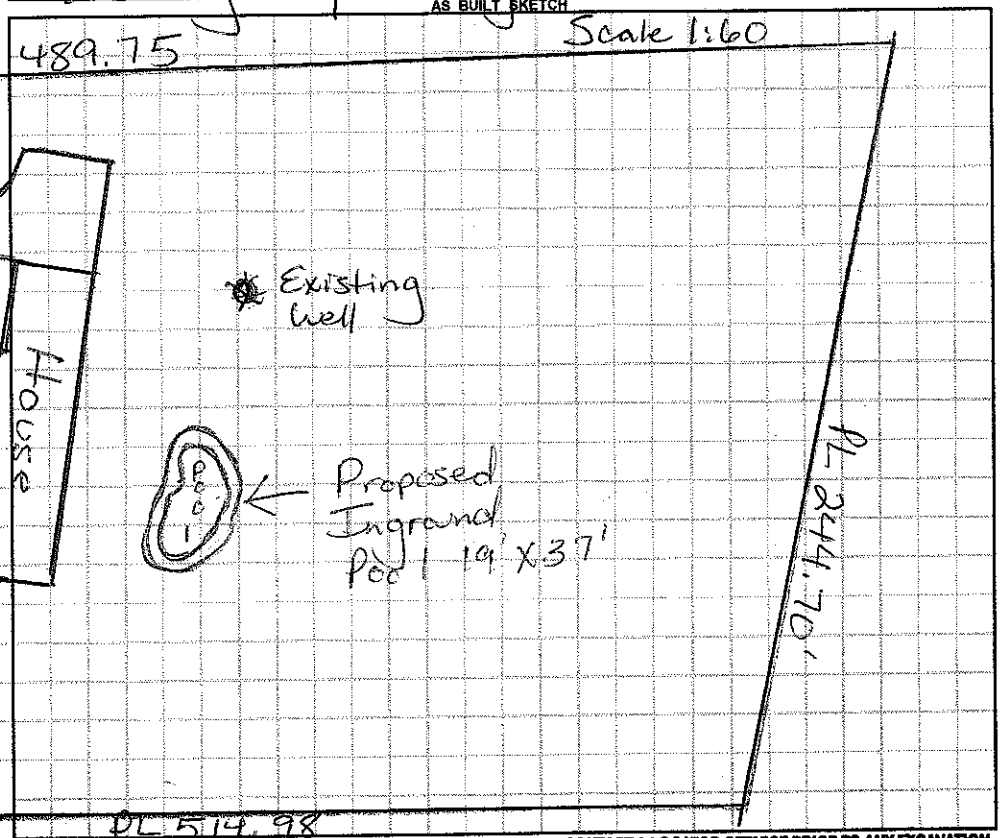
Comments / Conditions: * 4 lines CF (8 lines total)

The proposed inground pool meets setbacks to Septic & well. The pool does not appear to impact the existing Septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH Scale 1:60



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: [signature] Date: 5/18/15

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: [signature] Date: 5/16/15

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