IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176088 10:00

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

PIN # 4645596974

APPLICANT: AMENITIES UNLIMITED APPLICANT ADDRESS: 3950 CAMPUS GLOVE - MATTHEWS NC 28105

SITE ADDRESS: 121 PAULS LN - MOORESVILLE NC 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: ALCOVE - TR TEMPLETON - TR TEMPLETON BAY - TR PAULS LN - ON LEFT AT END

SUBDIVISION: TEMPLETON BAY SECTION: LOT # 53 LOT AREA: DESIGN FLOW: 480 L.T.A.R.: .25

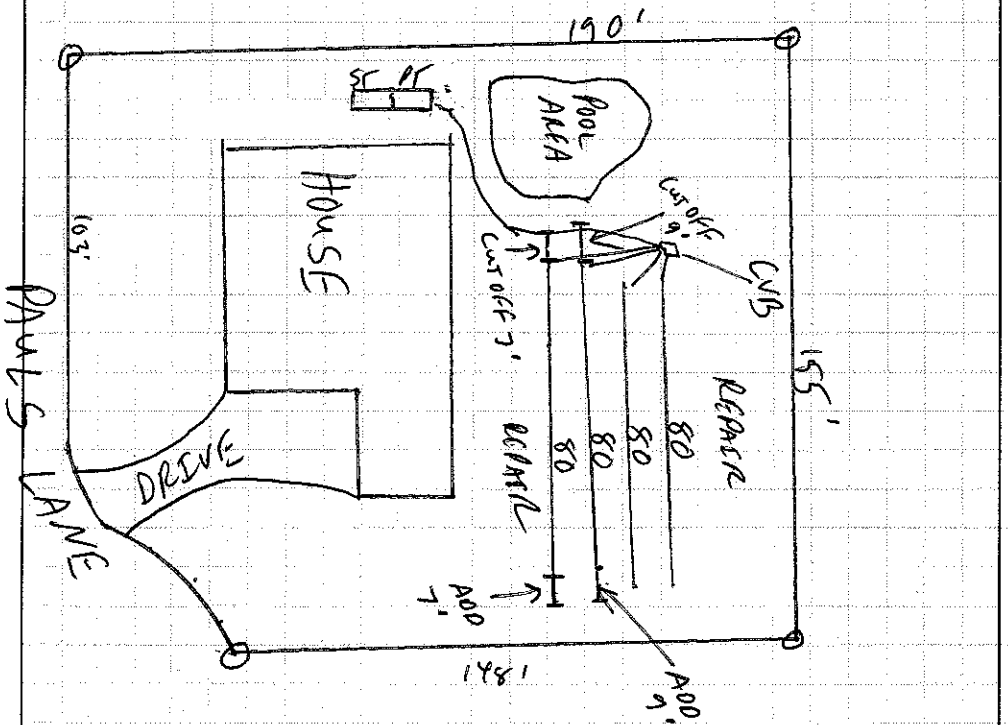
Septic Tank	EXISTING	(gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	EXISTING	(gal)	PT	Date	System Description:	LP PBBPS			☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #	Repair System Description:	SAND			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 320	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☑ Crawl Space		☑ Community
Trench Width	24"	Max. Trench Bottom Depth	EXISTING	Gravel Depth NA		☐ GRAVITY	☑ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: ALL SUPPLY LINES & SEPTIC TO BE 15' FROM WATER'S EDGE.

1"=50'

POOL INSTALLED - EVERYTHING 15' OFF OF POOL.

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: 12/20/2012 Installed by: R & H

IMPROVEMENT PERMIT by: Date: 12/19/12 OPERATION PERMIT by: Date: 1/24/13

AUTHORIZATION TO CONSTRUCT by: Date: 12/19/12 Existing System Inspected by: Date:

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