BA

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17265

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

PIN # 4659-91-0756

APPLICANT: Charles Wilmore APPLICANT ADDRESS: 267 Brook Glen Dr Mooresville

SITE ADDRESS: 267 Brook Glen Dr Mrsvl. PHONE: 267-974-3735 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 N, TR Shinnville, TL Brook Glen, Lot on L in back

SUBDIVISION: Brook Glen Crossing SECTION: M3 LOT # 68 LOT AREA: 0.77 DESIGN FLOW: 360 gpd L.T.A.R.: EX. 0.3

Septic Tank EX. 1000 (gal) STB Date
Pump Tank EX. 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EX. 1 # Lines EX. 4 Linear Ft: EX. 300'
Trench Width EX. 36" Max. Trench Bottom Depth EXIST Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: EX. E2 Flow 25% Red. PM
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 3
☐ Business No. Persons 2
☑ Other Pool No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

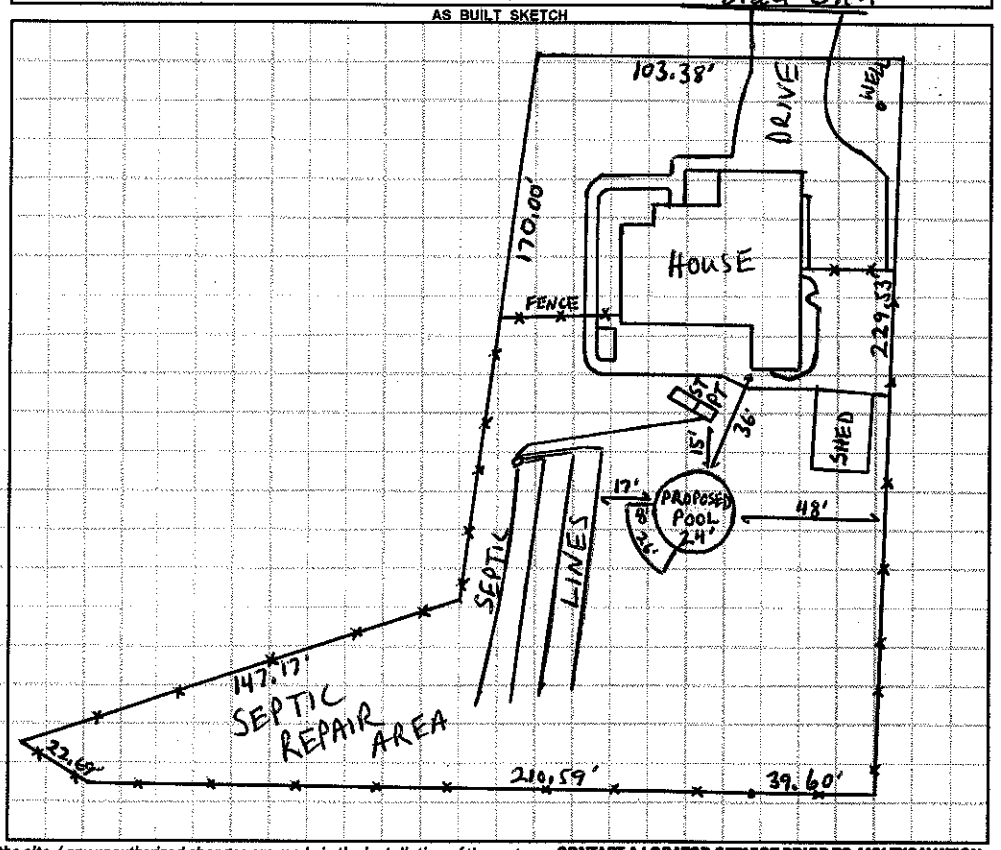
Water Supply: ☑ Private EXISTING ☐ Public ☐ Community

Comments / Conditions:

*This permit is for the addition of a 24 ft round pool. Must maintain minimum of 15 ft from all septic lines and tank and 10 ft from supply line.

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: 4.20.16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 4-19-16

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