IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 218195

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

PIN # 4664-57-9309

APPLICANT: Carolina Pool Consultants LLC | APPLICANT ADDRESS: 4728 Mountain Creek Ave, Denver NC 28037

SITE ADDRESS: 167 Logan Crossing Dr | PHONE: 704-728-3520 | ALT. PHONE:

SITE DIRECTIONS: Shearers Rd. S, TL on Anniston Way, TR on Logan Crossing, Lot on L past Elizabeth Brook

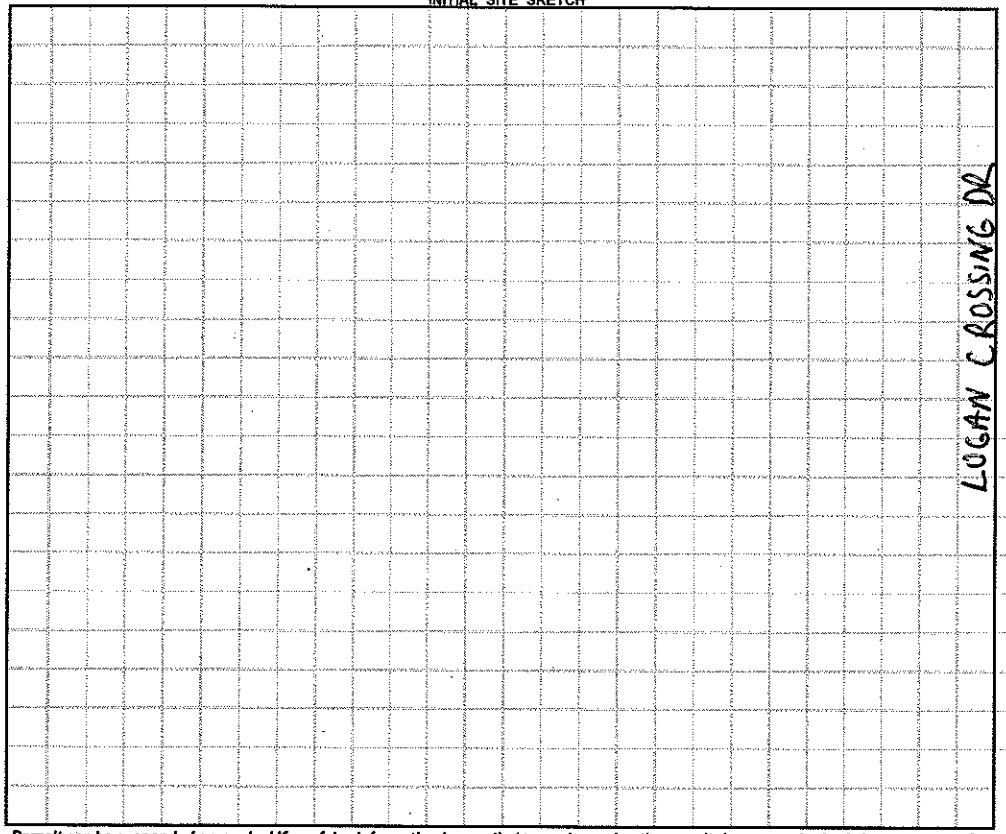
SUBDIVISION: Anniston | SECTION: 1 | LOT # 20 +20A | LOT AREA: 1.184ac | DESIGN FLOW: 360gpd | L.T.A.R.:

Septic Tank	EX.	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms	3	Water Supply
Pump Tank	EX.	(gal)	PT		Date		System Description:	EX. PM 25% Reduction	☐ Business	No. Persons	6	☑ Private
Pump Make			Model		Serial #		Repair System Description:	LP 25% Reduction	☑ Other Pool	No. Employees		☐ Public
# Nitrification Fields	EX.	# Lines	EX.	Linear Ft:	EX.		Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	EX.	Max. Trench Bottom Depth	EX.	Gravel Depth	N/A			☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

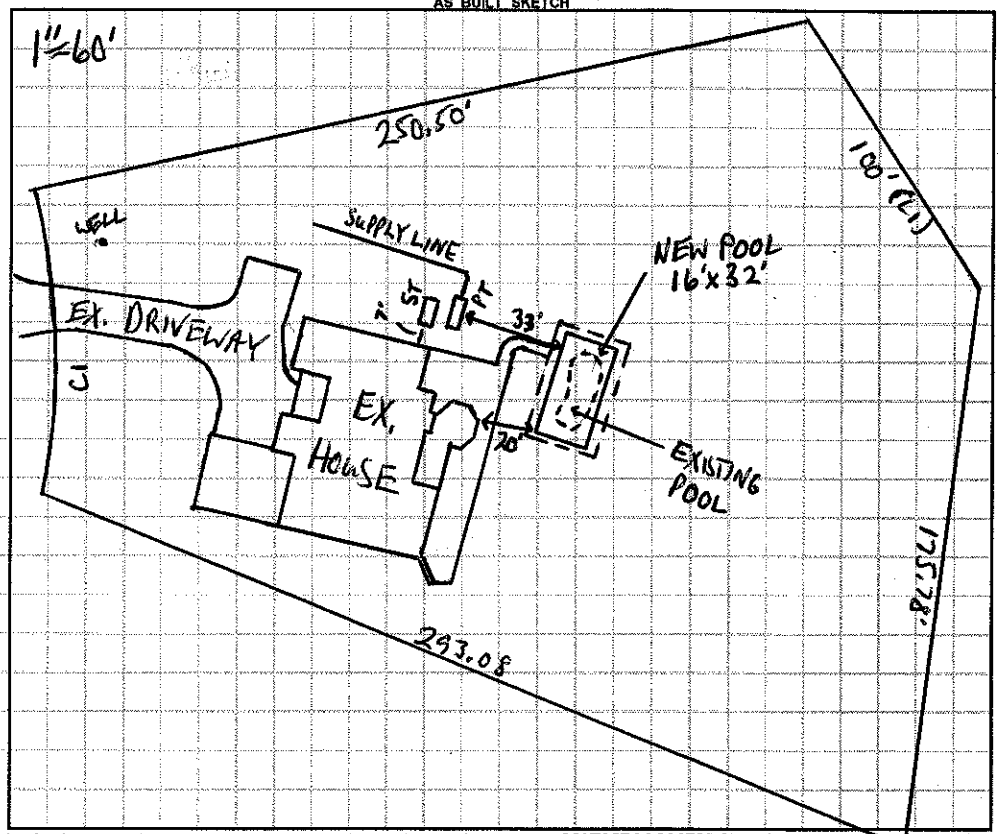
Comments / Conditions:

*This permit is for the construction of a new pool (16'x32') in the same location as the existing pool.
*Septic Drainfield is located offsite on lot 20A.

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: [signature] Date: 5/5/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 5-2-16

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