IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216436

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

PIN # 4664-79-3475

APPLICANT: Blue Haven Pools APPLICANT ADDRESS: 10020 Industrial Dr Pineville, NC

SITE ADDRESS: 178 Timberside Drive Davidson NC PHONE: 704-889-1300 ALT. PHONE:

SITE DIRECTIONS: Shearers Rd South from Mooresville → Left onto Anniston Drive → Left on Timberside Drive → House on right

SUBDIVISION: Anniston SECTION: 3 LOT # 110 LOT AREA: 1.092 acres DESIGN FLOW: 480 gal/day L.T.A.R.: Existing

Septic Tank Existing (gal) STB — Date —
Pump Tank Existing (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth

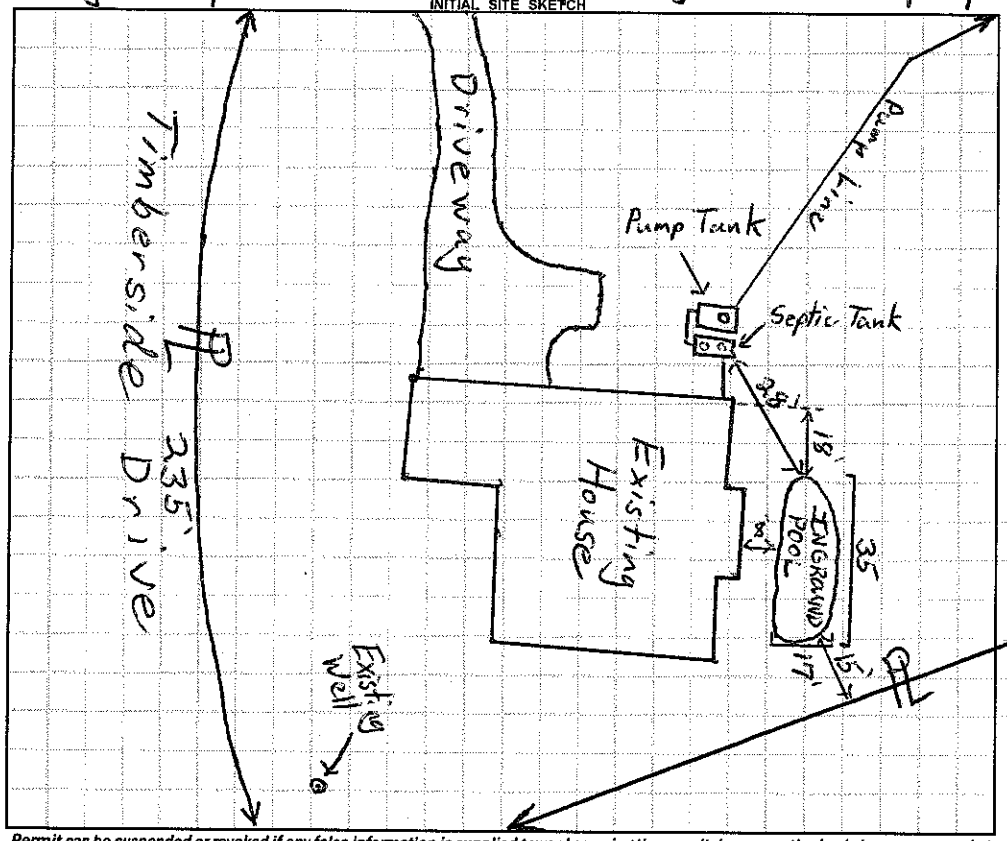
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Existing
Repair System Description: Existing
Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

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

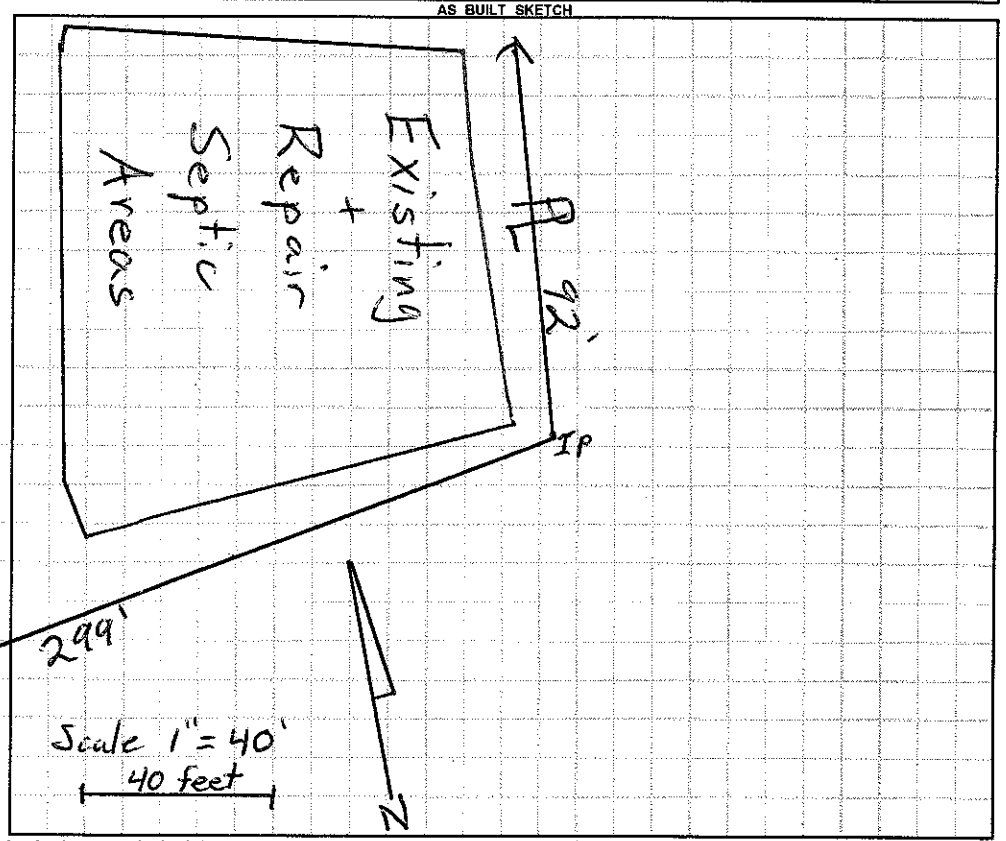
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: 35' x 17' inground pool to be constructed where depicted below. Construction equipment to maintain maximum distances from septic + pump tanks. Recommend using steel plates or some other protection to ensure pump line is not damaged during construction traversing. Recommend pumping septic tank every 3-5 years.

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: 3-8-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 3-4-16

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