IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625

PERMIT # 208806

PIN # 4665510809

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

APPLICANT: Frank Bonsignore / Barefoot Pools APPLICANT ADDRESS: 3719 Byron Dr Harrisburg, NC

SITE ADDRESS: 104 Streamside Place, Mooresville, NC PHONE: 704-791-2404 ALT. PHONE: 7044500844 (Trudy)

SITE DIRECTIONS: Shearers Rd TR Streamside on left (1st house)

SUBDIVISION: Creeks Edge SECTION: LOT # 1 LOT AREA: DESIGN FLOW: 360gpd L.T.A.R.: .25

Existing Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 360

Existing Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

Existing System Description: Pump- Pm- 25% Reduction, 1 P Panel Block

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

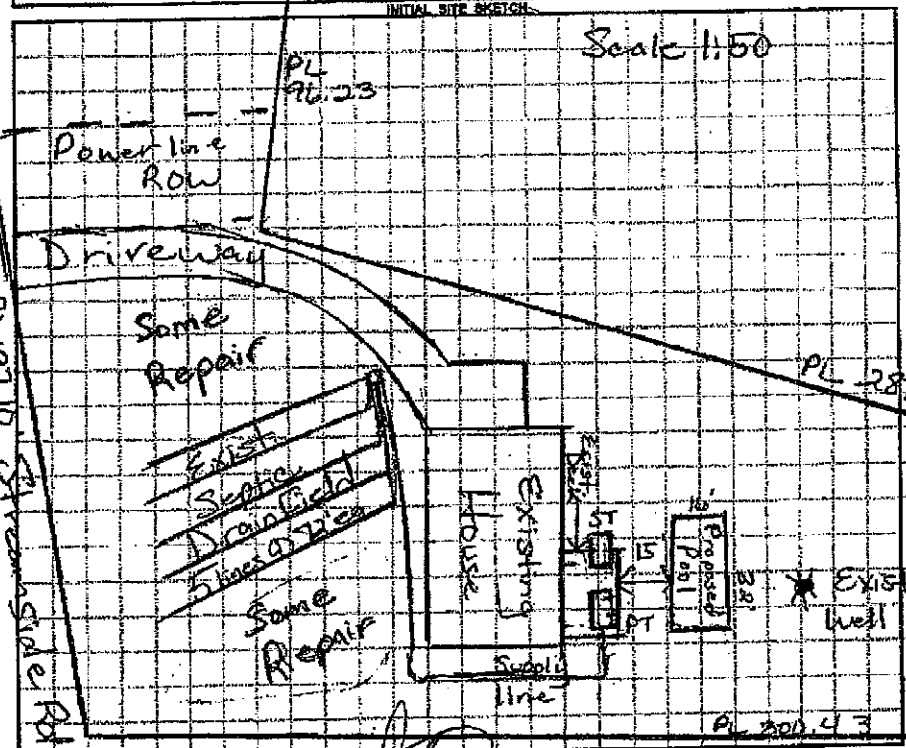
No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note! Existing deck was built over tanks.

The proposed "in ground" swimming pool addition does not appear to impact the existing Septic System. *Must keep pool "cut" at least 15ft from Septic System.

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: 4/15/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: RS Date: 4/9/15

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