IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208852

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

PIN # 4676-63-0222

APPLICANT: Jon Vanderpool / Superior Pools APPLICANT ADDRESS: 20315 Knox Rd Cornelius NC 28031

SITE ADDRESS: 128 Walden Drive Mooresville, NC PHONE: 704 663-4602 ALT. PHONE: 704 310-6856

SITE DIRECTIONS: Main St N TR Linwood Rd TL Tyeter Rd TR Walden Dr. on right

SUBDIVISION: Walden Ridge SECTION: LOT # 4 LOT AREA: 1.007 Ac DESIGN FLOW: 480gpd L.T.A.R.:

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Existing Gravity - 25% Reduction
Repair System Description: JLP PPBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

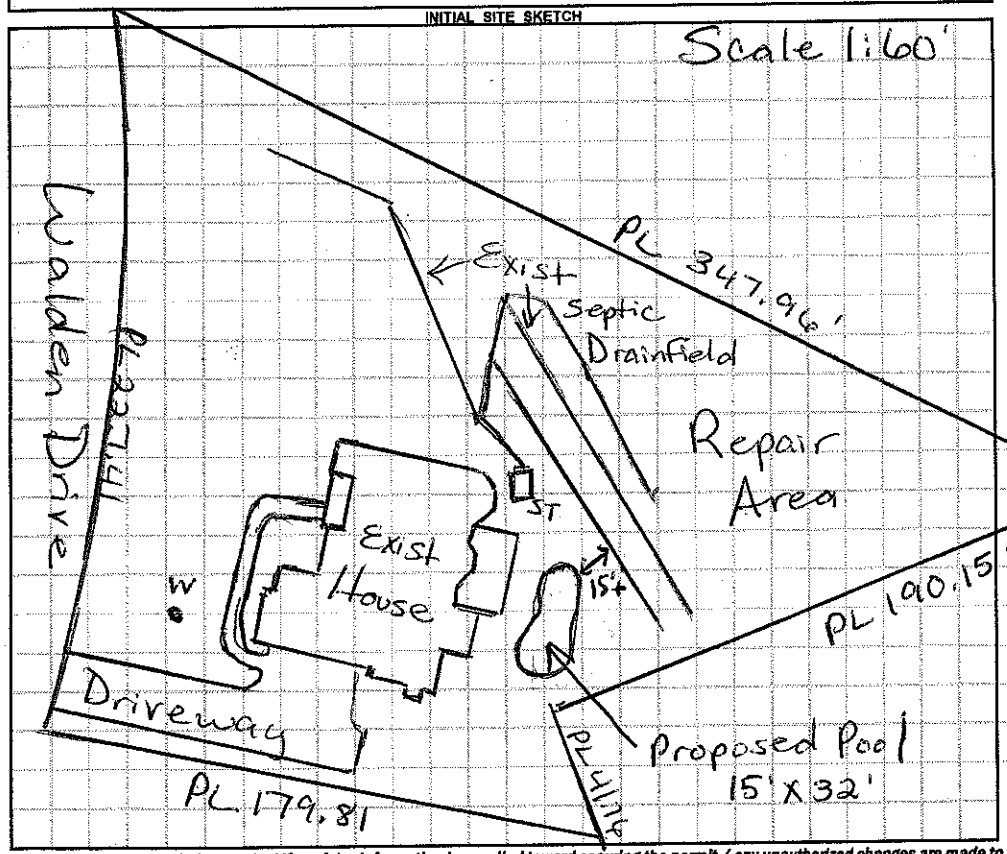
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing Septic System appears to be Functioning OK at time of inspection

The proposed in ground swimming pool doesn't 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: 4-22-15 Installed by: Sid Gaskins 5-11-07

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: RS Date: 4/16/15

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