IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217628

BA

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

PIN # 4677-57-0878

APPLICANT: Superior Pools APPLICANT ADDRESS: 20315 Knox Rd.

SITE ADDRESS: 114 Oak Meadow Rd - Mooresville, NC PHONE: 704-846-7665 ALT. PHONE:

SITE DIRECTIONS: Rt 152 ~~West~~ East from Iredell → Left on Oak Meadow Rd → House on Right

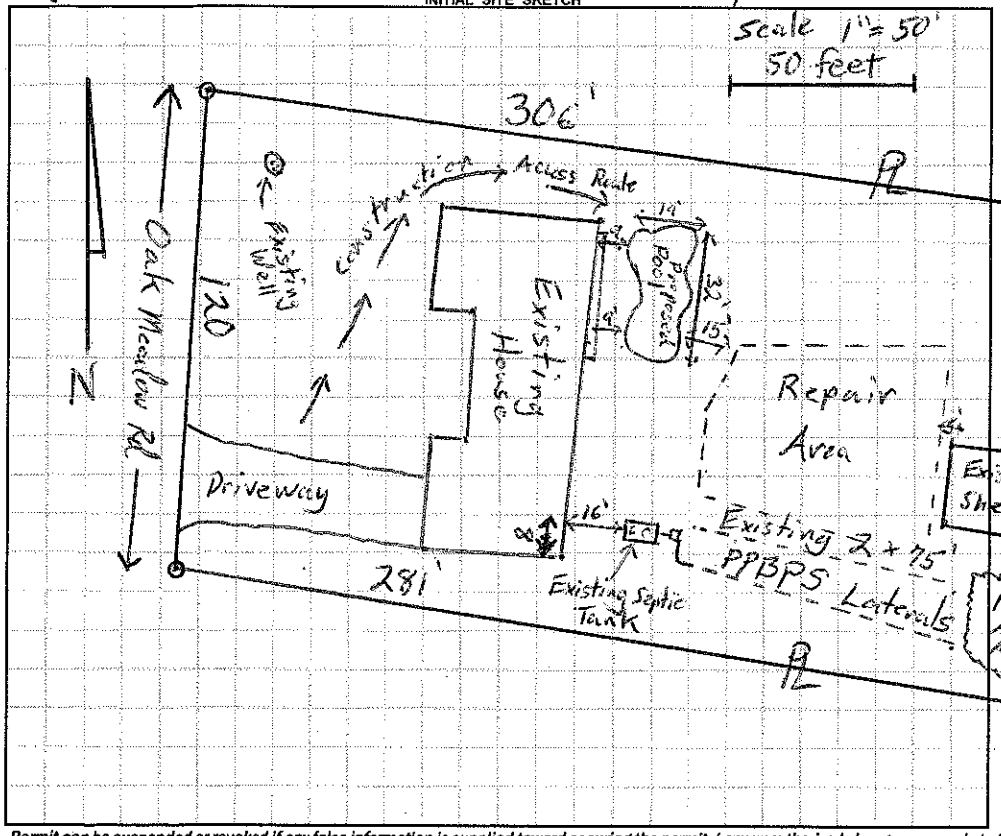
SUBDIVISION: Oak Meadows SECTION: A LOT # 23 LOT AREA: 0.547 acres DESIGN FLOW: 360 gal/day L.T.A.R.: Existing

Septic Tank	1000 Ex (gal)	STB	Existing	Date	Existing	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing - 50% Reduction PPBPS	☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Existing - 50% Reduction PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 Ex	# Lines	2 Exist	Linear Ft:	150 Exist	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24" Exist	Max. Trench Bottom Depth	36 Existing	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Proposed 19' + 32' free form pool to be constructed in area shown below. Access to site shall be from around the front side of the house. Any damage to existing septic system shall require a new construction permit.

addressing: Any change in pool size, dimension or location voids this approval. Recommend pumping septic tank every 3-5 years

INITIAL SITE SKETCH



AS BUILT SKETCH

6-3-16: Appears a bootlegged system serving a seperate bathroom @ opposite end of the house basement discovered by pool installer. Recommend they hire a plumber to install an ejector pump to utilize the existing septic tank - Mike 704-728-4238 -SF

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: 5-12-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 4-29-16

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