IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 124031 PIN# 4679-22-2317.006 4679221651 DATE 10/29/04

OWNER OR CONTRACTOR Paul Allen/ BRYAN CLODFELTER PHONE: Business _____ Home _____

ADDRESS 318 Glenwood Dr Mooresville NC 28115

LOCATION HWY 801 N past Tropp Rd TL Dupree Ln, 6th on LT

SUBDIVISION Dupree Est BLOCK / SECTION _____ LOT 6 LOT AREA 1.00 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 1007 Date 1/26/07

Pump Tank: 1000 Gallons; PT 29 Date 2/1/07

Pump Make Zoeller Model N152 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1448 Linear Feet 480

No Lines 5 @ 96' Trench Width 36" Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pump 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

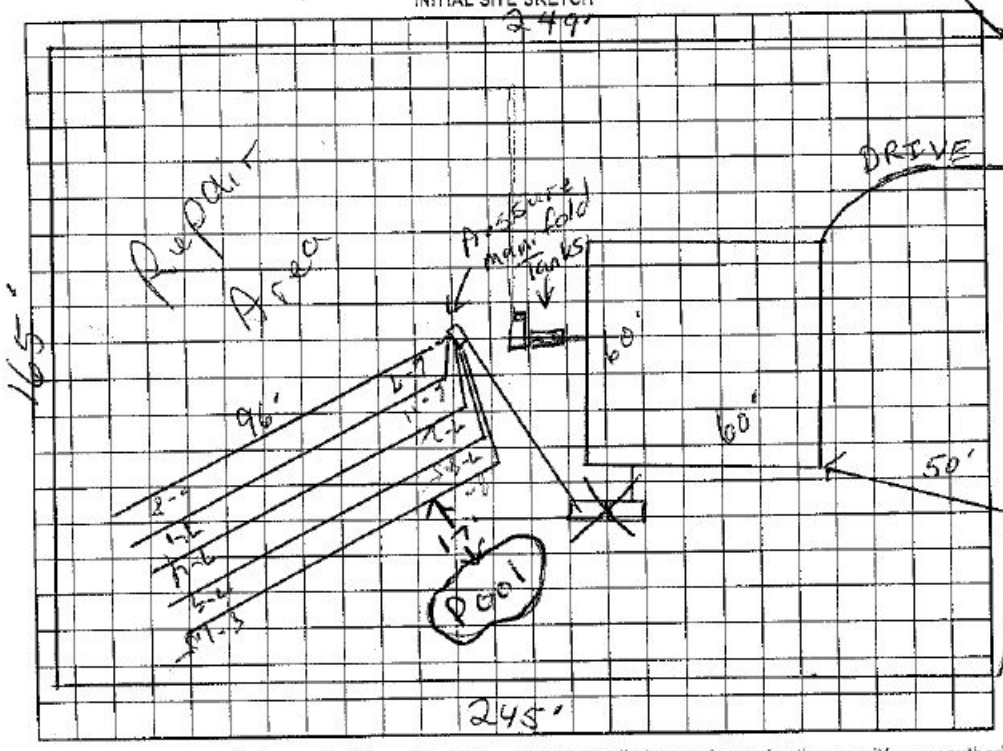
Comments/Conditions: Minimum.

1" = 50'

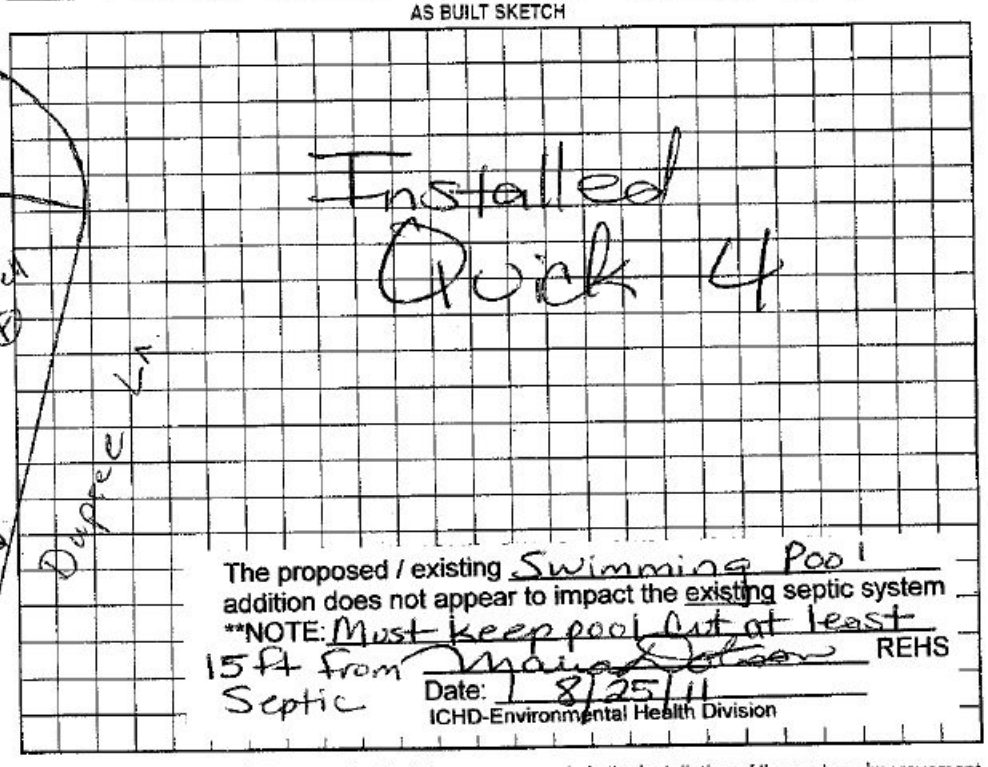
Completion Conditions: 3/28/07 Lines, tanks & pressure checked by WS

8/29/07 Alarm & elect.

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Swimming Pool addition does not appear to impact the existing septic system

**NOTE: Must keep pool 5ft at least 15 ft from Septic

REHS

Date: 8/25/11

ICHD-Environmental Health Division

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Melanie Allen date 2/14/05

Improvement Permit by: _____ RS date 10/29/04

Authorization to Construct by: _____ RS date 12/14/04

Installed by: Clontz (Wayne Clontz) PS

Operation Permit by: _____ date 8/29/07

Existing System Inspection by _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK