IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218148

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

PIN # 4710-68-8161 8188 .000

APPLICANT: Superior Pools APPLICANT ADDRESS: 20315 Knox Rd.

SITE ADDRESS: 133 Plum Tree Ln. Statesville NC 28677 PHONE: 704-896-7665 ALT. PHONE: 704-450-5333

SITE DIRECTIONS: Buffalo Shoals W, TL Pinemeadow, TR Spring Shores Rd., TR Plum Tree, Site on L

SUBDIVISION: Spring Shore SECTION: — LOT # 100-102 LOT AREA: DESIGN FLOW: Existing 360 T.A.R.: Existing

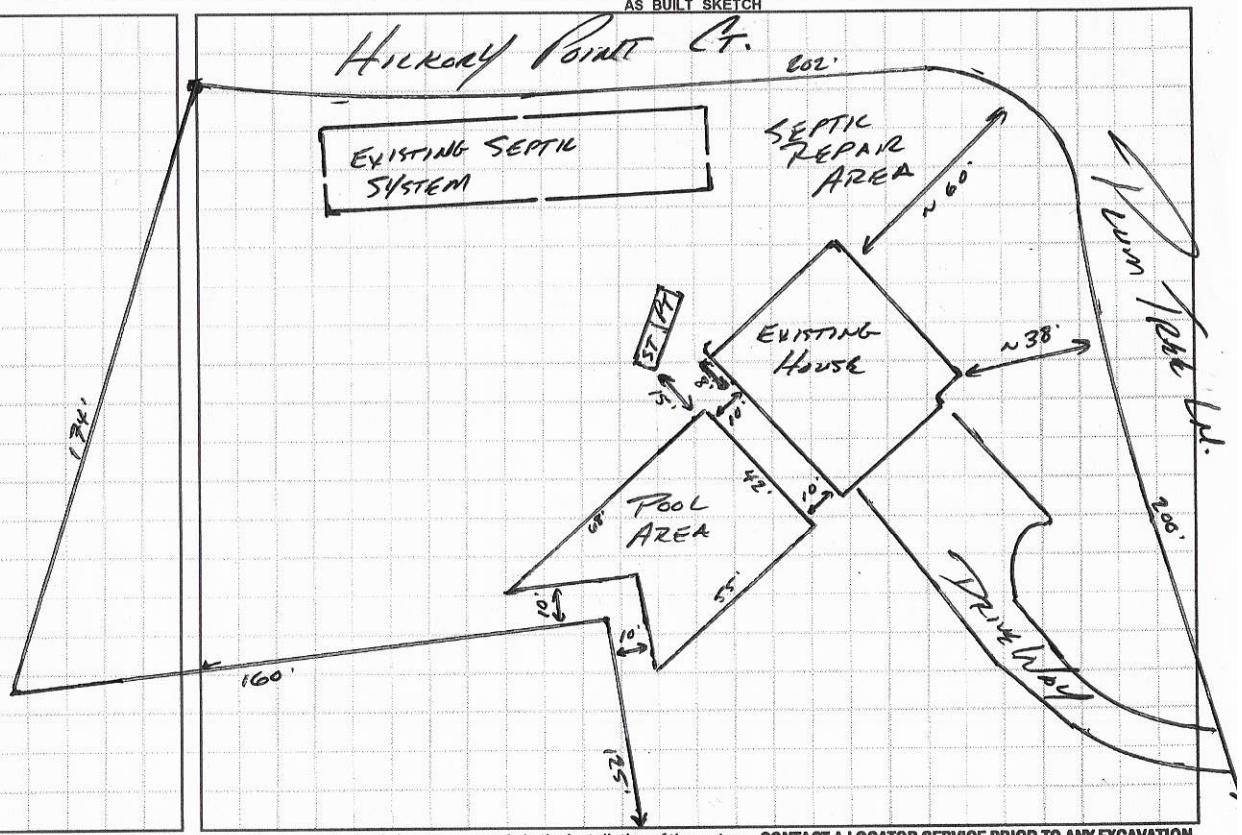
Septic Tank	Existing	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	Ex 3	Water Supply
Pump Tank	Existing	(gal)	PT		Date		System Description:	Existing - PM TPBPS	☐ Business	No. Persons	Ex. 6	☐ Private
Pump Make	Existing	Model			Serial #		Repair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

Comments / Conditions: * Hold Building Permit until the Lots have been Combined and Recorded at the Register of Deeds *
Existing System Approved to be Functioning

@ Time of Inspection.
Maintain 15' from Tanks with Pool.

INITIAL SITE SKETCH

AS BUILT SKETCH



Pool C/O issued 9-26-19 by BS!

* Permit NEVER picked up or signed!

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: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED JUN 22 2016

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

ENTERED
DEBBIE W.

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED.- APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ BOTH ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Superior Pools	2035 Knox Rd	704-896-7665	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Charles Semenske	133 Plum Tree LN	704-450-5333	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
133 Plum Tree LN	Spring Shores	101

Driving Directions: _____

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
(✓) Other Inground Pool

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 4-16-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

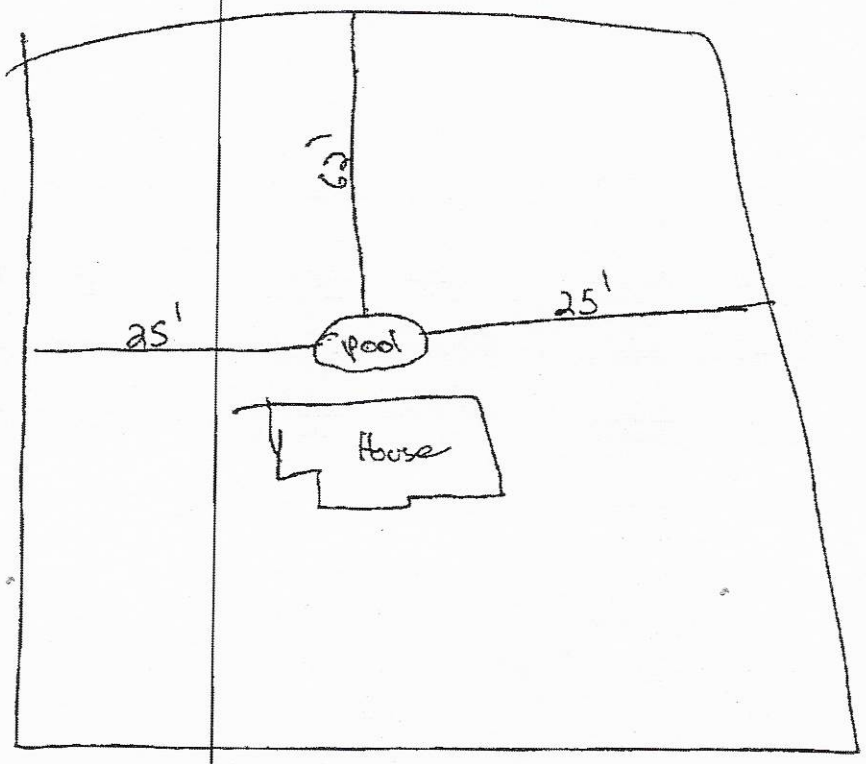
____ Property Line measurements are clearly identified...
____ All proposed structures are indicated...
SHOW; proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line...
____ Preferred driveway location and configuration, preferred well location...
____ Area you prefer your septic system to be placed...
____ North arrow, or other sufficient indicator of direction...:

Circle N/A on the following if appropriate:

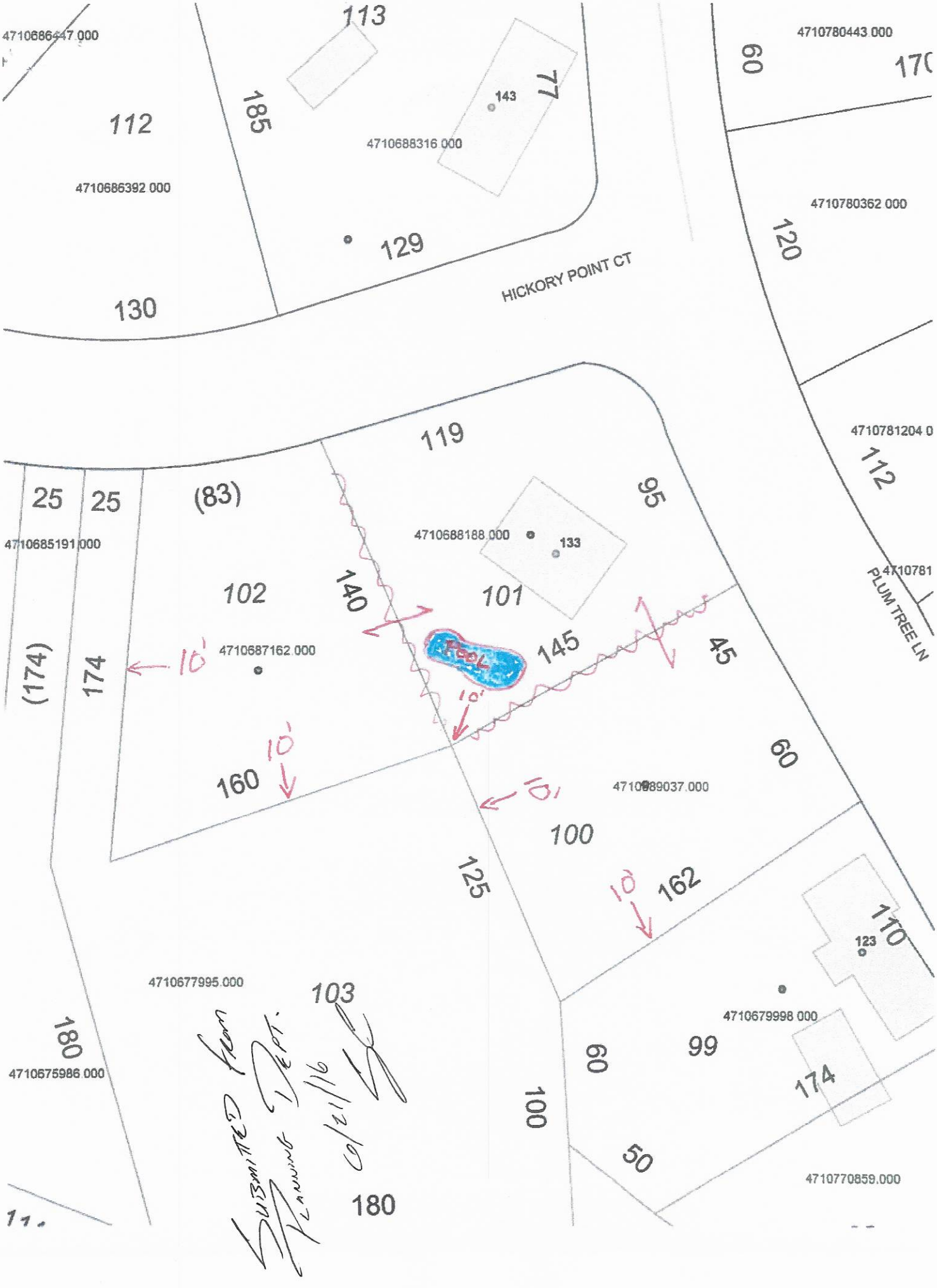
____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A
____ Location of any designated wetlands on the property... N/A

Signature: _____ 4-16-15
REQUIRED property owner or owner's legal representative signature. DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



White Copy – Environmental Health Yellow Copy – Applicant
C:\Users\dlutz\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLK93F0\Application For OSWP Permit (2).doc


4710686447.000
113
112
185
77
143
4710688316.000
4710686392.000
129
130
HICKORY POINT CT
4710780443.000
60
170
4710780362.000
120
4710781204.0
112
PLUM TREE LN
4710781
119
95
25
25
(83)
4710685191.000
4710688188.000
133
102
140
101
(174)
174
10'
4710687162.000
POOL
145
45
10'
10'
160
10'
60
4710689037.000
100
125
10'
162
110
123
4710677995.000
103
4710679998.000
180
99
60
174
4710675986.000
100
50
4710770859.000
180
Submitted from Planning Dept. 1/16/16

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Charles Semanske, am the legal owner of the property located at 133 Plum Tree Ln, identified as PIN(Parcel Identification Number) [redacted], located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Superior Pools, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

[signature] 4-17-16
Signature of Owner Date

[signature] 4-17-16
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
218148
Issue Date: 04/19/2016

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4710688188.000	133 PLUM TREE LANE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: SEMENSKE CHARLES+HILARY D Address: 133 PLUM TREE LN STATESVILLE, NC 28677 Phone:	Applicant: SUPERIOR POOLS OF CHAR Address: 20315 KNOX RD CORNELIUS, NC 28031 Phone: 704-896-7665	Contractor: SUPERIOR POOLS OF CHAR Address. 20315 KNOX RD CORNELIUS, NC 28031 Phone: 704-896-7665 License Type: BLDG License Number: 68455

Project Description

RESIDENTIAL POOL/SPA - IREDELL

Scope of Work

INGROUND POOL 17X34

Permit Details:

EXISTING SYSTEM INSP REG SCHED	Amount:	250.00
	Amount:	
	Amount:	
	Amount:	
	Amount:	
	Amount:	
	Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 04/19/2016

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	66092	TOTAL FEES:	$ 250.00