IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200939

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

PIN # 4735595708

APPLICANT: Superior Pools APPLICANT ADDRESS: 20315 Knox Rd Cornelius NC 28031

SITE ADDRESS: 2114 South Chipley Ford Rd Statesville NC 28625 PHONE: 704-896-7665 ALT. PHONE: N/A

SITE DIRECTIONS: 115 to Chipley Ford Rd house on right

SUBDIVISION: Dobbs View SECTION: — LOT # 10 LOT AREA: 1.78ac DESIGN FLOW: 360 L.T.A.R.: N/A

Septic Tank	Existing (gal)	STB	Existing	Date	Existing		
Pump Tank	N/A (gal)	PT	N/A	Date	N/A		
Pump Make	N/A	Model	Existing	Serial #	Existing		
# Nitrification Fields	EX	# Lines	EX	Linear Ft:	EX		
Trench Width	EX	Max. Trench Bottom Depth	EX	Gravel Depth	N/A		

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

System Description: Gravity 25% Reduction

Repair System Description: Gravity / Pump 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

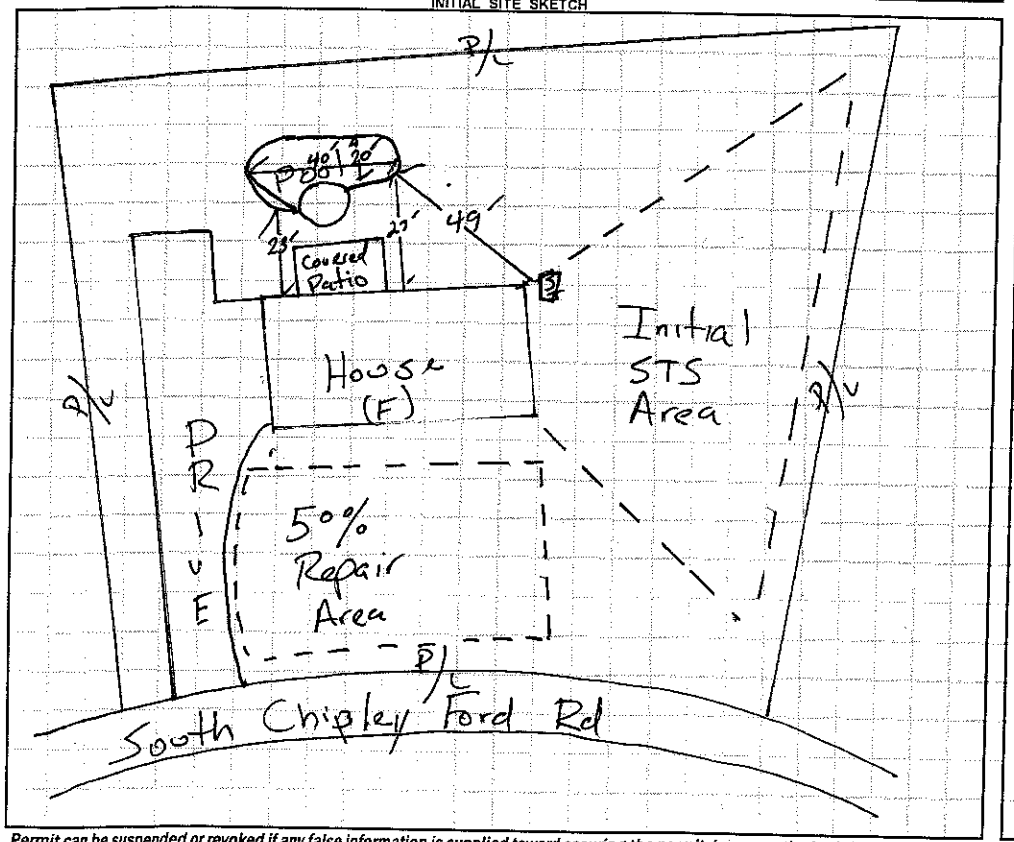
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Any part of pool must be 15' off STS area.

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: Eric S Date: 1-31-14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: David H. Lee Date: 01/31/14

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