IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216437

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

PIN # 4736813453

APPLICANT: Blue Haven Pools APPLICANT ADDRESS: 10020 Industrial Dr

SITE ADDRESS: 278 Cedar Lake Dr Statesville NC PHONE: 704-929-7467 ALT. PHONE: 704-889-1300

SITE DIRECTIONS: 115 N T/R 5 Chapley Ford T/R Fort Dobbs T/L Cedar Lake Lot on right

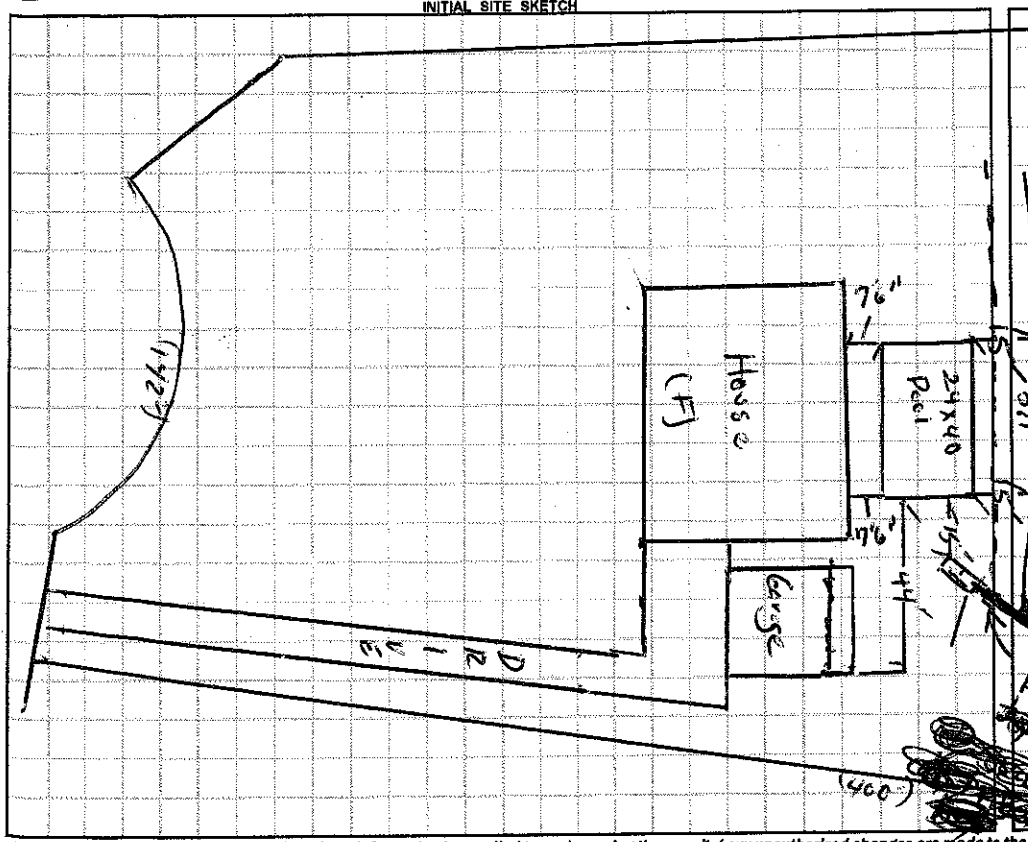
SUBDIVISION: Dobbs Valley SECTION: 2 LOT # 41 LOT AREA: 1.974ac DESIGN FLOW: 360 L.T.A.R.: Ex

Septic Tank	Ex (gal)	STB	Date	☐ 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:		35% Reduction		☐ Business	No. Persons	6	☐ Private
Pump Make	Model		Serial #	Repair System Description:		50% Reduction		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1 # Lines	3	Linear Ft: 360	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	Ex 36" Max. Trench Bottom Depth	Ex	Gravel Depth N/A			☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Check tank, check tee, replace if needed. Disconnect upper line by disconnecting pipe and [redacted]

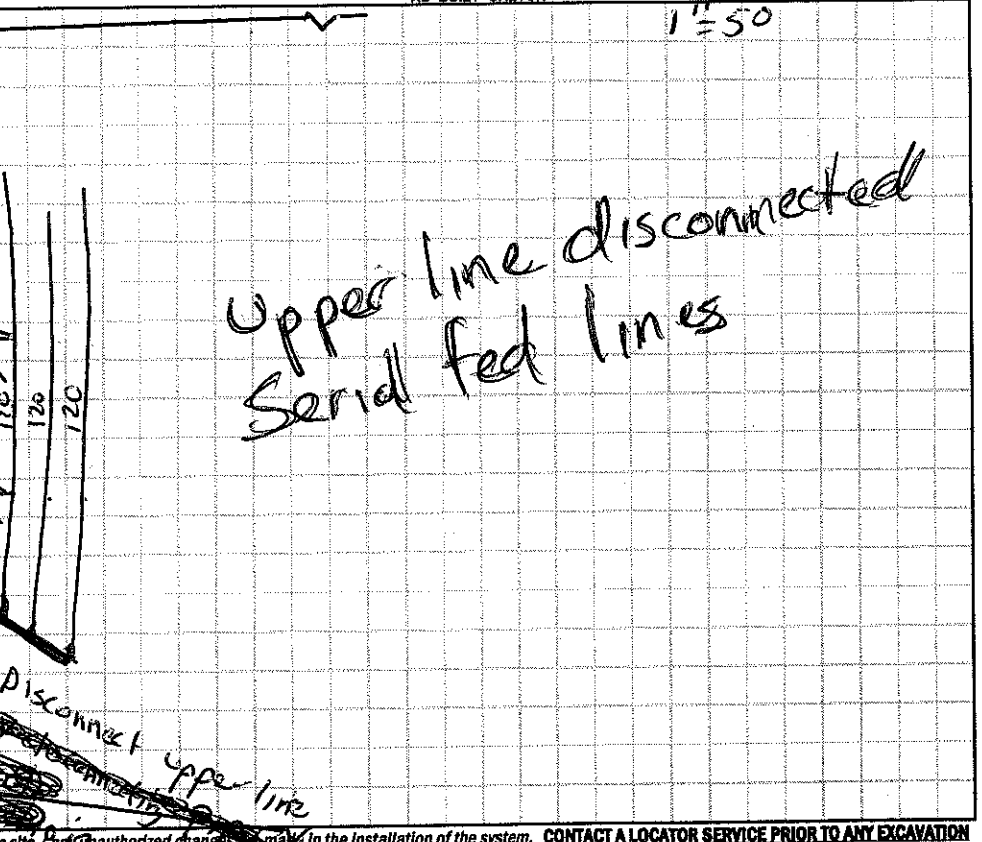
* The purpose of this permit is accomodate for a pool and decrease bedrooms to 3 bedrooms *

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'



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:

IMPROVEMENT PERMIT by: [signature] Date: 03/22/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 03/22/16

Installed by: Lantz Wastewater

OPERATION PERMIT by: [signature] Date: 03/24/16

Existing System Inspected by: Date:

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