IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625 — PERMIT # 208885

ALP

PIN # 4770352634

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

APPLICANT: Ginger Sparks/Bare Foot Pools & Design — APPLICANT ADDRESS: 379 Byron Dr. Harrisburg, NC — PHONE: 704 450-7801 Ginger — ALT. PHONE: 704-791-2404

SITE ADDRESS: 519 Triplett Rd Cleveland, NC

SITE DIRECTIONS: Hwy 115 N TR Mazeppa Rd L Triplett ~ 2.5 miles on right just past Forestview

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.93 Ac — DESIGN FLOW: 480 gpd — L.T.A.R.: .3

Existing

Septic Tank: 1000 (gal) — STB — Date — Water Supply: [X] Private [ ] Public [ ] Community

Pump Tank — (gal) — PT — Date

Pump Make — Model — Serial #

Nitrification Fields: 1 — # Lines: 4 0 100 — Linear Ft: 400

Trench Width: 36" — Max. Trench Bottom Depth: 33" — Gravel Depth: N/A

[ ] New System [ ] Repair [ ] Expansion — System Type: I II [III] IV V VI

System Description: Existing Gravity - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: [ ] YES [X] NO — [X] GRAVITY [ ] PRESSURE

[X] Residence — No. Bedrooms: 4 — No. Persons: 8

[ ] Business — No. Employees

[ ] Other

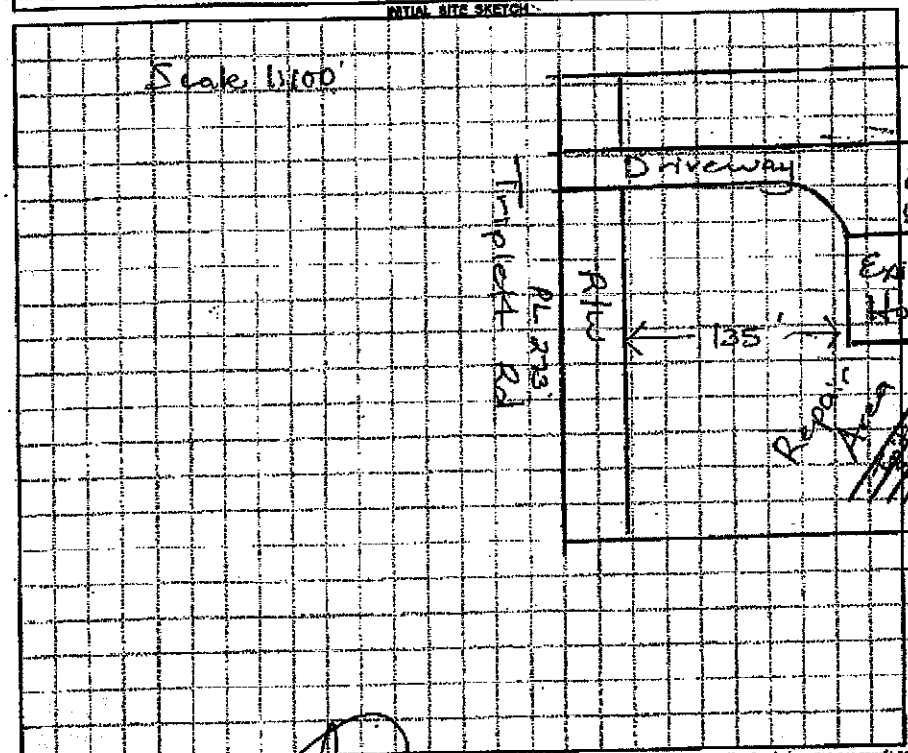
[ ] Slab — [X] Crawl Space

[ ] Basement w/plumbing — [ ] Basement w/o plumbing

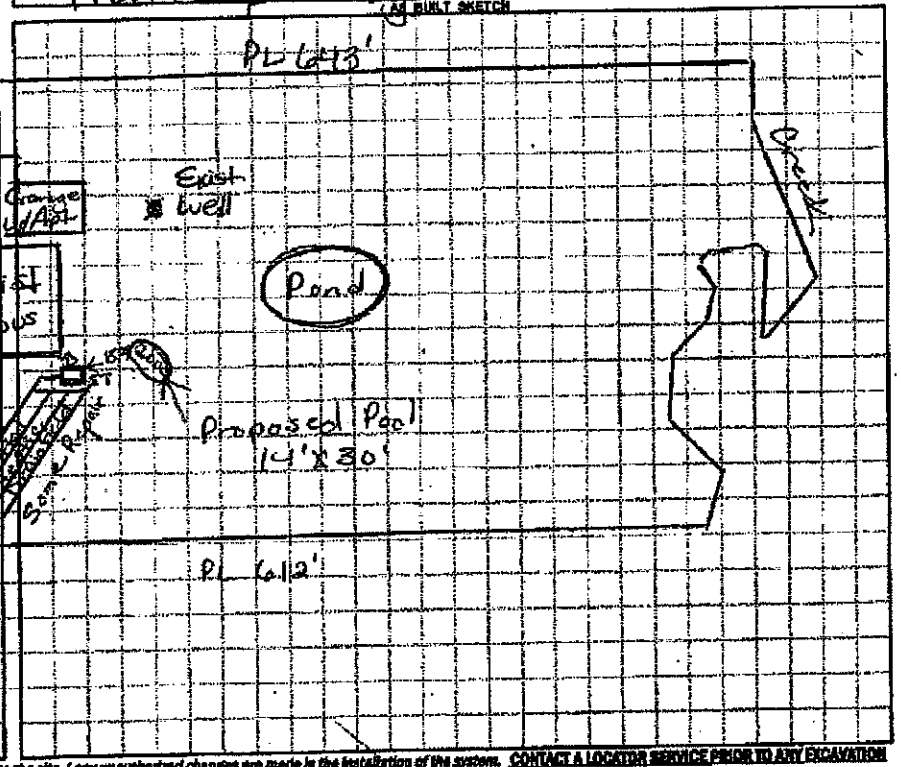
Comments / Conditions: Existing Septic System appears to be functioning ok at the of inspection

The proposed inground pool does not appear to impact the existing septic system. Must keep pool cuts at least 15ft from Septic System

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.

Revised Additional Improvements: — Date: 4/15/15

IMPROVEMENT PERMIT by: — Date:

AUTHORIZATION TO CONSTRUCT by: — Date:

Installed by: Rowan Septic 8/6/14

OPERATION PERMIT by: — Date:

Existing System Inspected by: [signature] RS — Date: 4/10/15

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

IREDELL COUNTY HEALTH DEPARTMENT

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☒ GRAVITY ☐ PRESSURE

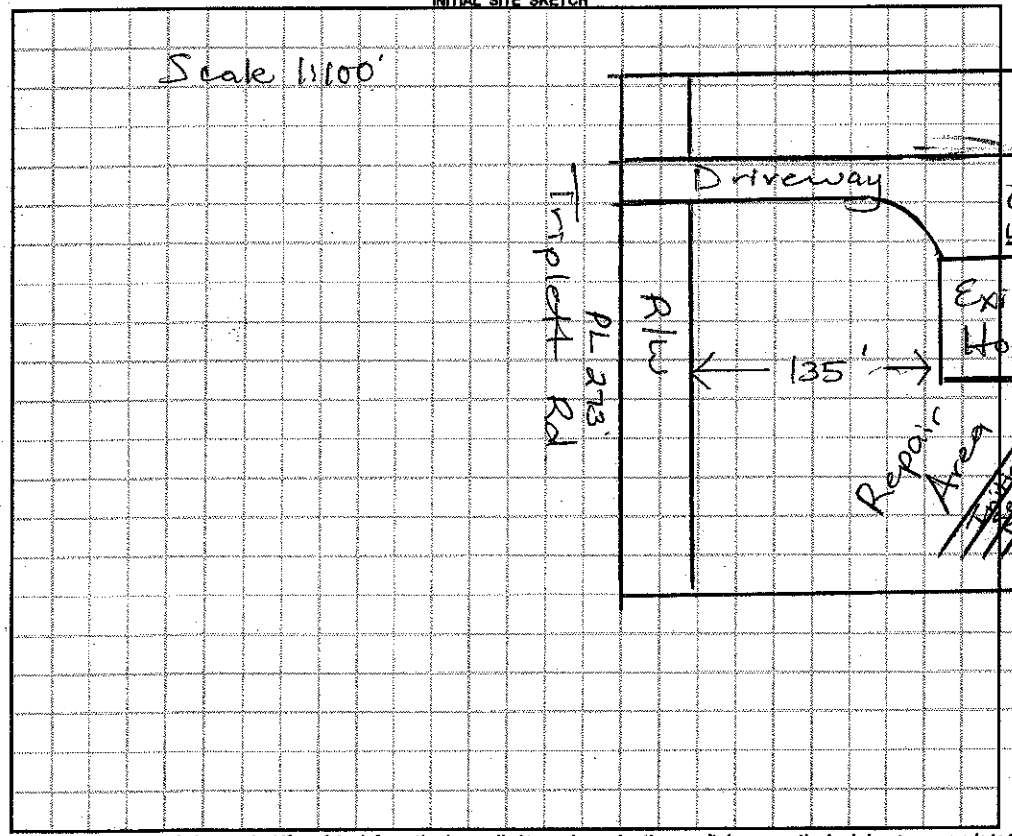
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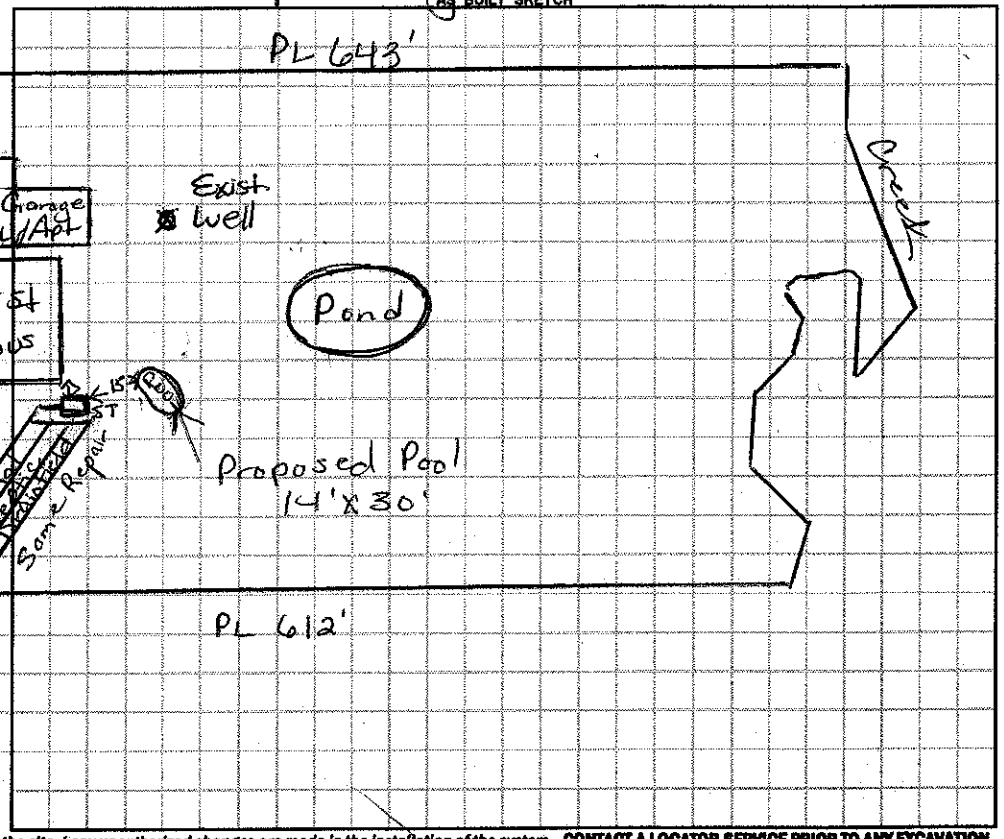
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Owner / Applicant Signature: Date: Installed by: Rowan Septic 8/6/14

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Marion Dotson RS. Date: 4/10/15

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