IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140262 PIN# 4624245333 DATE 1/30/07

OWNER OR APPLICANT Michael Connell PHONE: Business 845-597-4540 Home 845-849-1850

ADDRESS 25 Bray Farm Ln. Wappinger Falls, NY 12590

LOCATION BSR, on (R) at intersection of South Point Dr. - 2552 Brawley School Rd.

SUBDIVISION CL+T BLOCK/SECTION 6 LOT 418 LOT AREA ~1.15AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: Gould Model WEO-5HH Pump No ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

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

System Description: PM – 25% REDUCED

Repair System Description: ~83 PLAT DATE

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

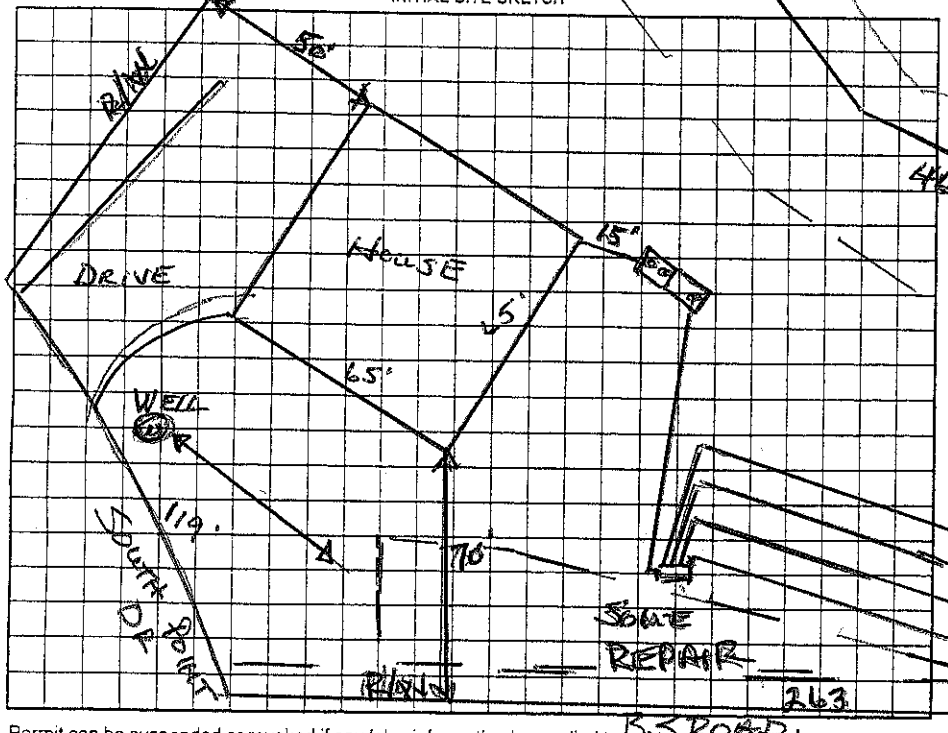
No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

LN

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH

Tankless Water Heater Back Up Installed

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: ✕ ____ date ____

Improvement Permit by: Wesley Sparks R.S. date 1/30/07

Authorization to Construct by: Wesley Sparks R.S. date 1/30/07

Installed by: Homeowner (Micheal Cornell)

Operation Permit by: Wesley Sparks R.S. date 12/17/09

Existing System Inspection by: ____ date ____

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