IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☒ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # _____ PIN # 4636-25-1660.2 DATE 10-7-11

OWNER KENNETH CASTELANO APPLICANT: BRIAN MCCARTY PHONE: Home/Cell # 704-663-9333 Business # _____

SITE ADDRESS 117 PINE MIST DR. OWNER / APPLICANT ADDRESS 149 CASTLEON DR.

SITE DIRECTIONS BSR, ISLE OF PINES, PINE MIST

SUBDIVISION WHISPERING PINES BLOCK / SECTION _____ LOT # 5 LOT AREA .78 AC DESIGN FLOW 480 L.T.A.R. .25-.3

Septic Tank Ex. 1000 Gallons: STB _____ Date _____

Pump Tank Ex. 1000 Gallons: P T _____ Date _____

Pump Make ZOELLER Model N152 Serial # _____

No. Nitrification Fields: _____ No. Lines EXISTING Linear Feet _____

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

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

System Description: LP- PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4 — Water Supply: ☒ Private ☐ Public ☐ Community

☐ Business No. Persons _____

☒ Other No. Employees _____

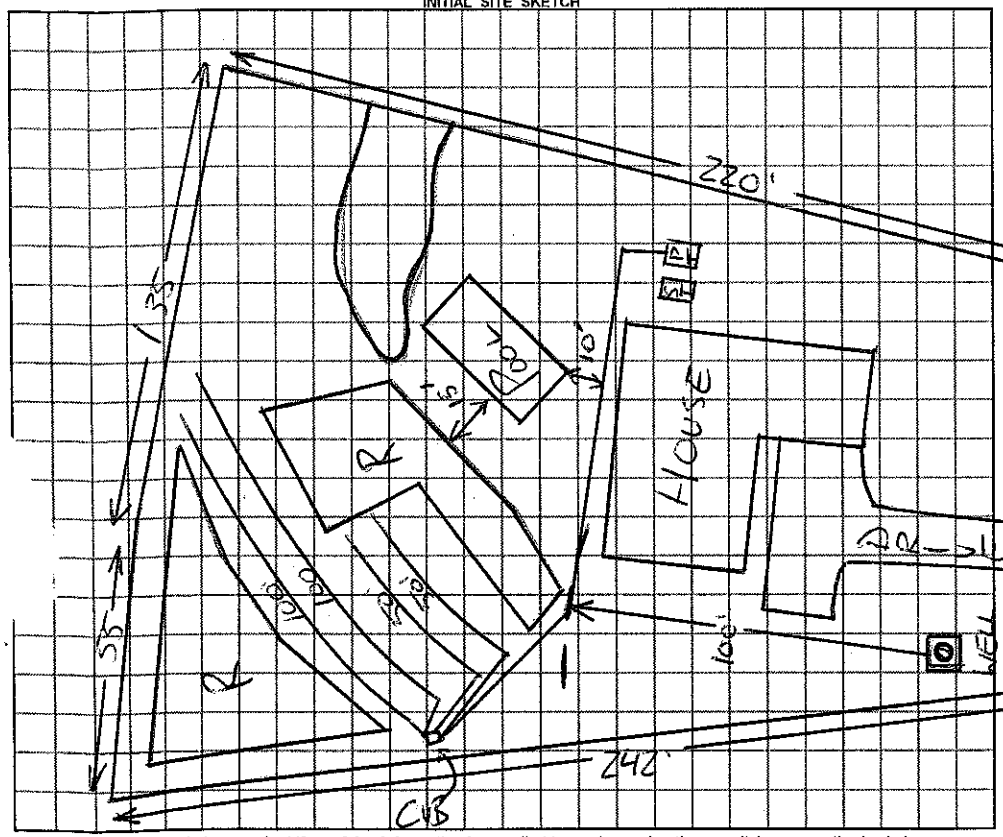
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

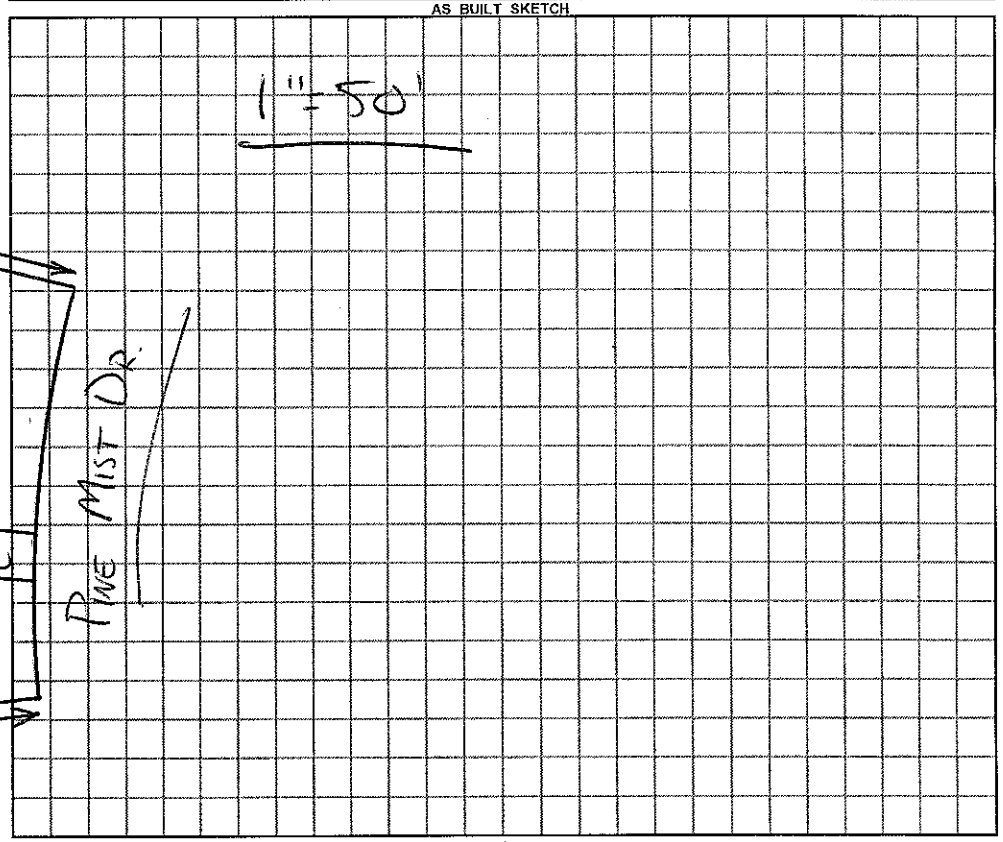
Comments / Conditions: ① WATERS EDGE OF POOL MUST BE 15' MIN FROM REPAIR ② ANY DECKING AROUND POOL MUST BE MIN 5' FROM REPAIR

POOL

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.

☐ ***IMPROVEMENT PERMIT*** with plat valid without expiration. ☐ ***IMPROVEMENT PERMIT*** with ~~plat valid without expiration.~~ site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] 10/7/11 Date 10/7/11 Installed by: _____

IMPROVEMENT PERMIT by: _____ ***REHS*** Date _____ OPERATION PERMIT by: _____ ***REHS*** Date _____

AUTHORIZATION TO CONSTRUCT by: _____ ***REHS*** Date _____ Existing System Inspected by: [signature] ***REHS*** Date 10-7-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy -- Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant