IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203526

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

PIN # 4636-74-1845

APPLICANT: Tim Brandt APPLICANT ADDRESS: 1300 Stonesthrow Rd Bethlehem PA 18015

SITE ADDRESS: 235 Pintail Run Ln PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd, TL on Conover Beaty, TR on Old Sherrills Ford, TL on Billy Joe, TR on Pintail Run, Lot on L near End

SUBDIVISION: NEEL Acres SECTION: LOT # 1 LOT AREA: 0.67 DESIGN FLOW: 360 gpd L.T.A.R.:

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

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: EXISTING
Repair System Description:
Maintenance Agreement Required: ☐ YES ☐ NO ☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☑ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: # System was originally permited for a 3 bedroom (see permit dated 6-29-82) One Bedroom was converted to a bathroom leaving 2 bedrooms, Addition of new bedroom brings total bedrooms back to 3 bedrooms

INITIAL SITE SKETCH

AS BUILT SKETCH

SEE DESIGN BY SOIL & FORESTRY SERVICES OF THE CAROLINAS (Dated 5-29-14, Approved 6-4-14)

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: Candice Fannie Date: 6/6/14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 6-4-14

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