IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 179722

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

PIN # 465 748 1476

APPLICANT: IQ Custom Construction APPLICANT ADDRESS: 340 Edmiston Rd Mt. Ulla NC 28125

SITE ADDRESS: 135 Brantley Acres Dr. PHONE: ALT. PHONE: 704 400-6472

SITE DIRECTIONS: US 21 (Charlotte Hwy) North TR Brantley Acres before Oates Rd on left on left B4 Pampas

SUBDIVISION: Lee Dickey SECTION: LOT # 1 LOT AREA: .54c DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	825	Date	8-4-13	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	302	Date	7-8-13	System Description:	Pump-Pm-50% Reduction			☐ Business	No. Persons	☒ Private
Pump Make		Model		Serial #		Repair System Description:	Pump-LP-50% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft:	276'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	24"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

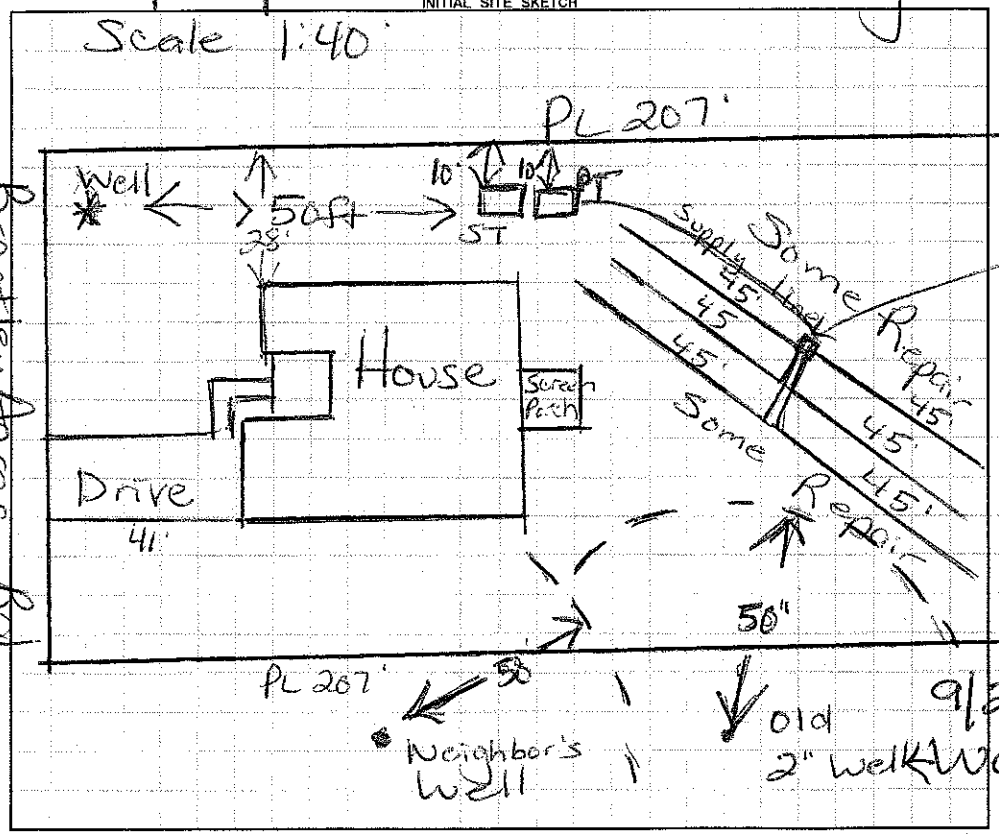
Comments / Conditions: Note: Plumbing was not Stubbed out high enough for Gravity flow to drainfield therefore a pump will be required. ★ Keep Septic as least 50ft from any well

50% Reduction = Panel Blk

Keep trenches 30" to stay out of Saprolite

★ This permit replaces previous permit from

INITIAL SITE SKETCH



AS BUILT SKETCH

9/24/13 Tanks Checked, moved 7.1.13 downhill to meet setback to PL

10/23/13 Electrical checked AKP

Pressure Manifold

PL 105.6'

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: 8/27/13 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: [signature] RS Date: 8/27/13 OPERATION PERMIT by: [signature] Date: 10-24-13

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 8/27/13 Existing System Inspected by: Date:

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