IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # WP209562

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

PIN # 4664-67-8297

APPLICANT: AnThony + Sylvan Pools / Brian + Kristin Bradley APPLICANT ADDRESS: 9201 C Southern Pine Blvd Charlotte NC

SITE ADDRESS: 143 Burnell Place PHONE: 704-777-4426 ALT. PHONE:

SITE DIRECTIONS: Shearers Rd S, TL on Anniston Way, TR on Burnell, Last lot on L before creek

SUBDIVISION: Anniston SECTION: II LOT # 60 LOT AREA: 2.1ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1500	(gal)	STB		Date						
Pump Tank	1500	(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	1	# Lines	EXISTING		Linear Ft:	400'					
Trench Width	EXISTING	Max. Trench Bottom Depth	EXISTING		Gravel Depth	N/A					

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

System Description: 25% Reduction

Repair System Description: LP PUMP

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☐ Residence No. Bedrooms 4

☐ Business No. Persons

☑ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

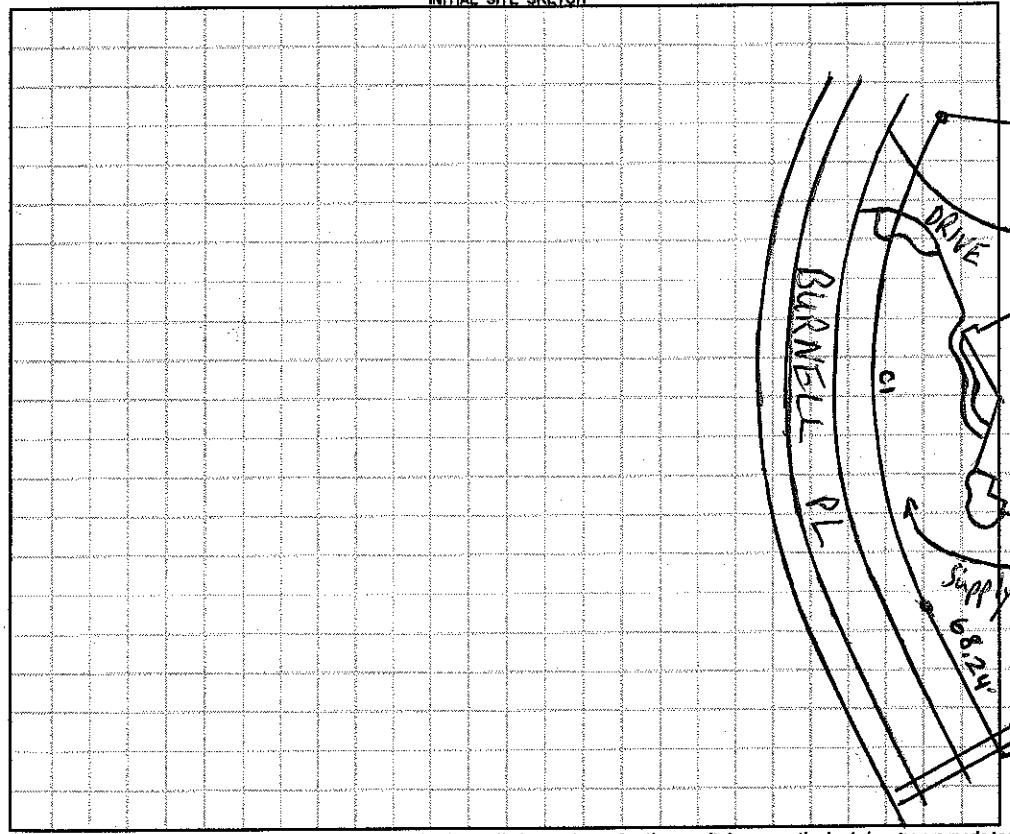
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions:

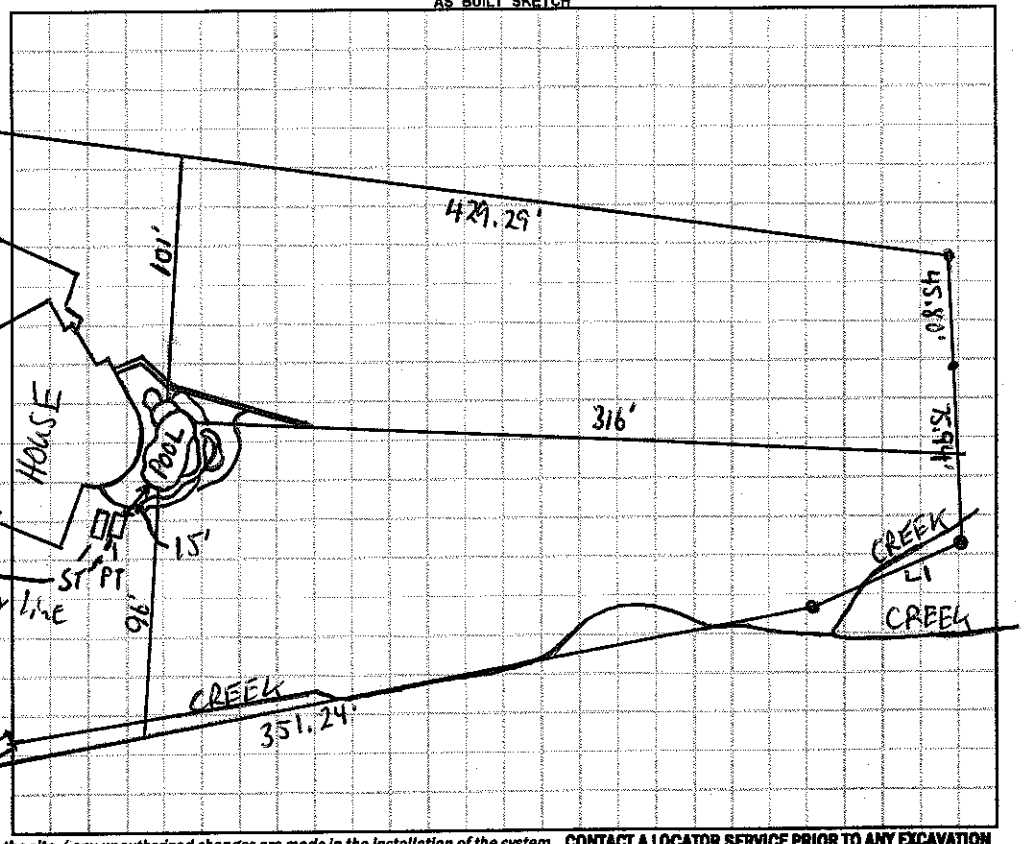
POOL

X For Addition of a Pool (22'x37') Only. Keep Pool minimum of 15' from ST & PT.

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.*

Owner / Applicant Signature: Date: 5/18/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 5-18-15

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