IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4676-37-6522

APPLICANT: WELLS FARGO BANK APPLICANT ADDRESS: 420 MONTGOMERY ST. SAN FRANCISCO CA

SITE ADDRESS: 564 BRUMLEY RD PHONE: 866-234-8271 ALT. PHONE:

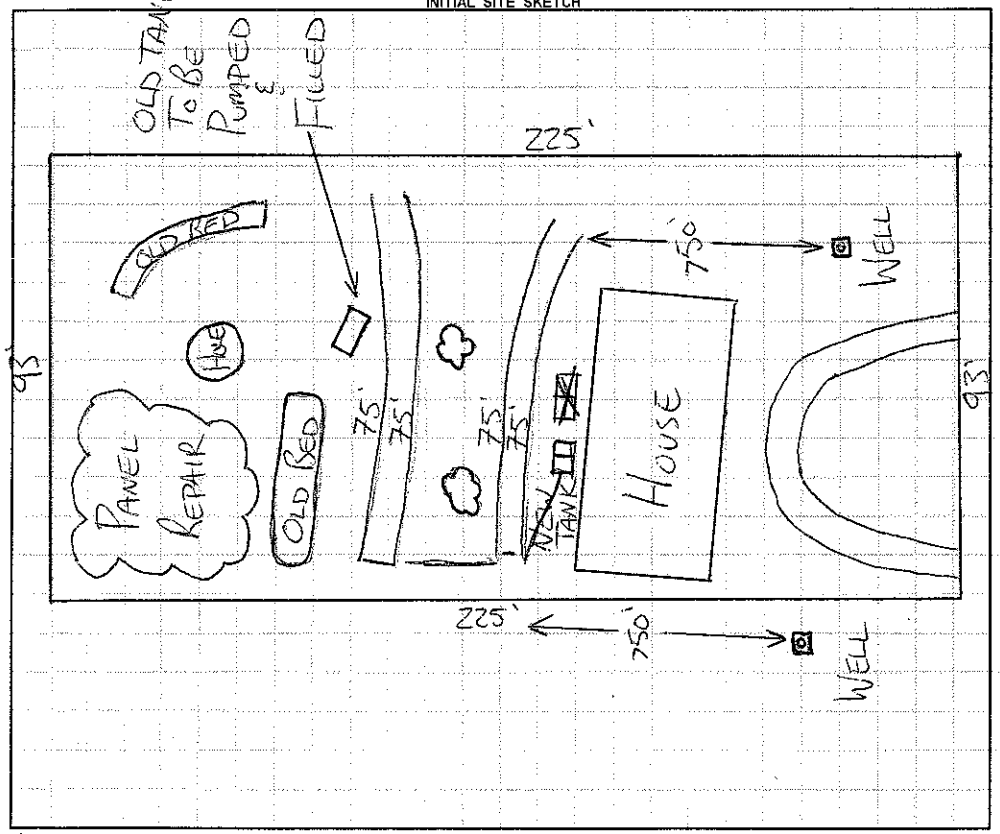
SITE DIRECTIONS: 150 TO 152, BRUMLEY, ON R

SUBDIVISION: SECTION: LOT # LOT AREA: .48 AC DESIGN FLOW: 360 L.T.A.R.: .3

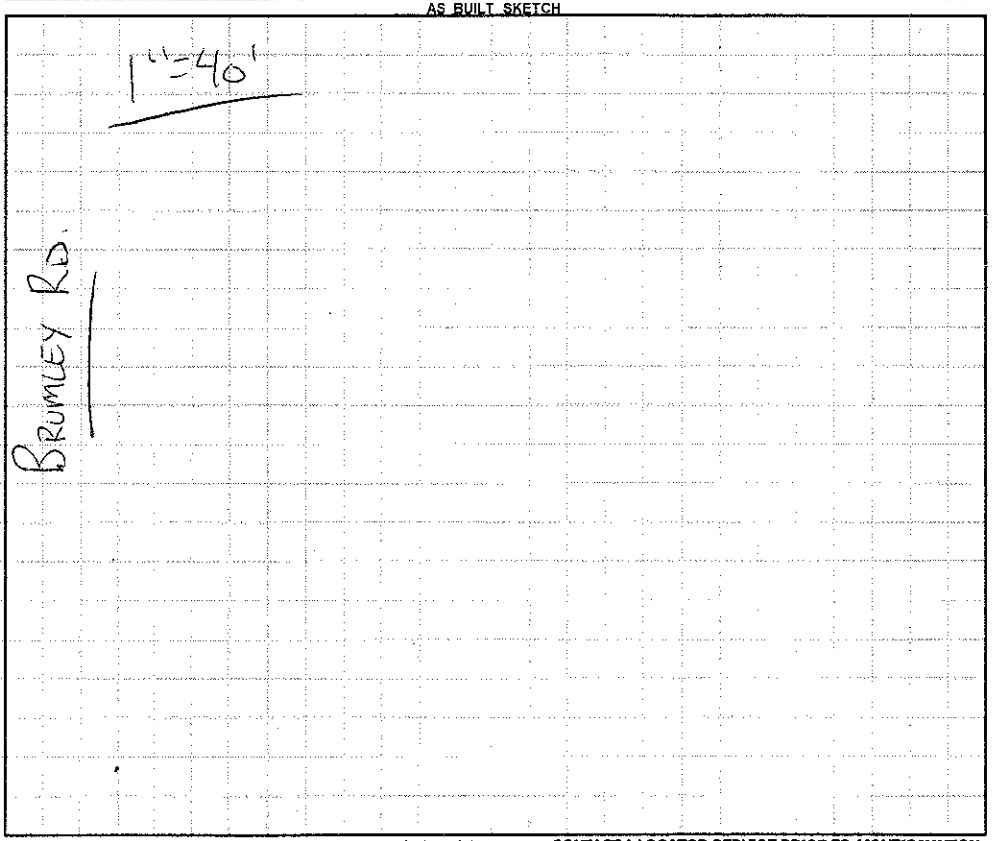
Septic Tank	1000	(gal)	STB 794	Date	7-23-13	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date		System Description:			25% REDUCTION	☐ Business	No. Persons	☒ Private
Pump Make		Model		Serial #		Repair System Description:			PANEL	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4 @ 75'	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	29"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

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 plan 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: Russell B. Miller Date: 8-30-13 Installed by: WASTE WATER SOLUTIONS

IMPROVEMENT PERMIT by: R A Lilly Date: 8-30-13 OPERATION PERMIT by: R A Lilly Date: 8-30-13

AUTHORIZATION TO CONSTRUCT by: R A Lilly Date: 8-30-13 Existing System Inspected by: Date:

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