IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21234

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

PIN # 4724334845

APPLICANT: Rebecca Pope APPLICANT ADDRESS: 1602 Davie Ave.

SITE ADDRESS: 130 Brandy Ln. PHONE: 704-437-1745 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70W TR Westminster Rd. TL Brandy Ln.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.0 acre DESIGN FLOW: 6x L.T.A.R.: Existing

Septic Tank 1000 (gal) STB 160-1000 Date 6-3-15

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 6x # Lines 6x Linear Ft: 6x

Trench Width 6x Max. Trench Bottom Depth 6x Gravel Depth 6x

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

System Description: ____

Repair System Description: TANK

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

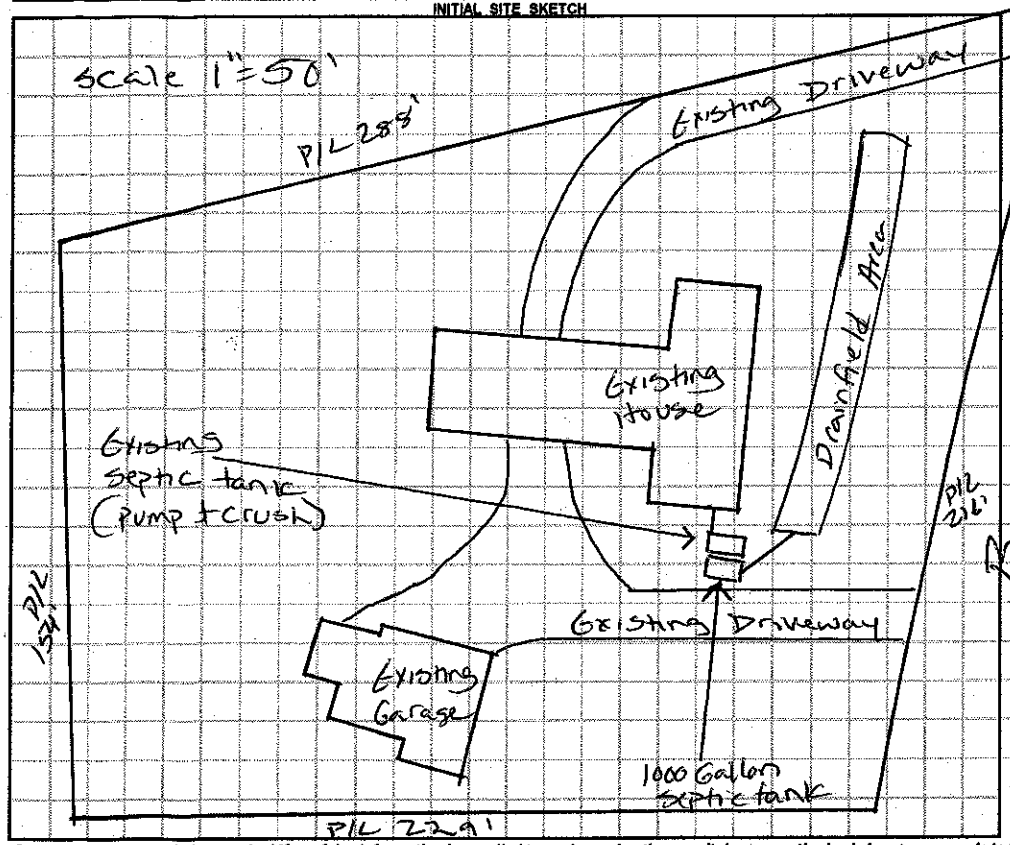
No. Bedrooms 6x No. Persons 6x No. Employees ____

☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: - Pump + crush existing septic tank. Set new tank @ location shown below + connect to existing drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Red Polylok filter installed
- 2" PVC ST meter installed

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: Rebecca B Pope Date: ____ Installed by: K+M Grading

IMPROVEMENT PERMIT by: Justin Henderson Date: 7-24-15 OPERATION PERMIT by: Justin Henderson Date: 7-30-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 7-24-15 Existing System Inspected by: ____ Date: ____

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