IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20654 9

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

PIN # 4760-59-3100. 000 212235

APPLICANT: BRANDI STEWART APPLICANT ADDRESS:

PHONE: 740-747-0464 ALT. PHONE: 740-417-5275

SITE ADDRESS: 184 FAIRHAVEN LN. CLEVELAND, NC

SITE DIRECTIONS: HWY 21 / 115 TOWARDS TROUTMAN, TR OSWALT AMITY, TR BRAWLEY, TL FAIRHAVEN, SITE AT END ON R.

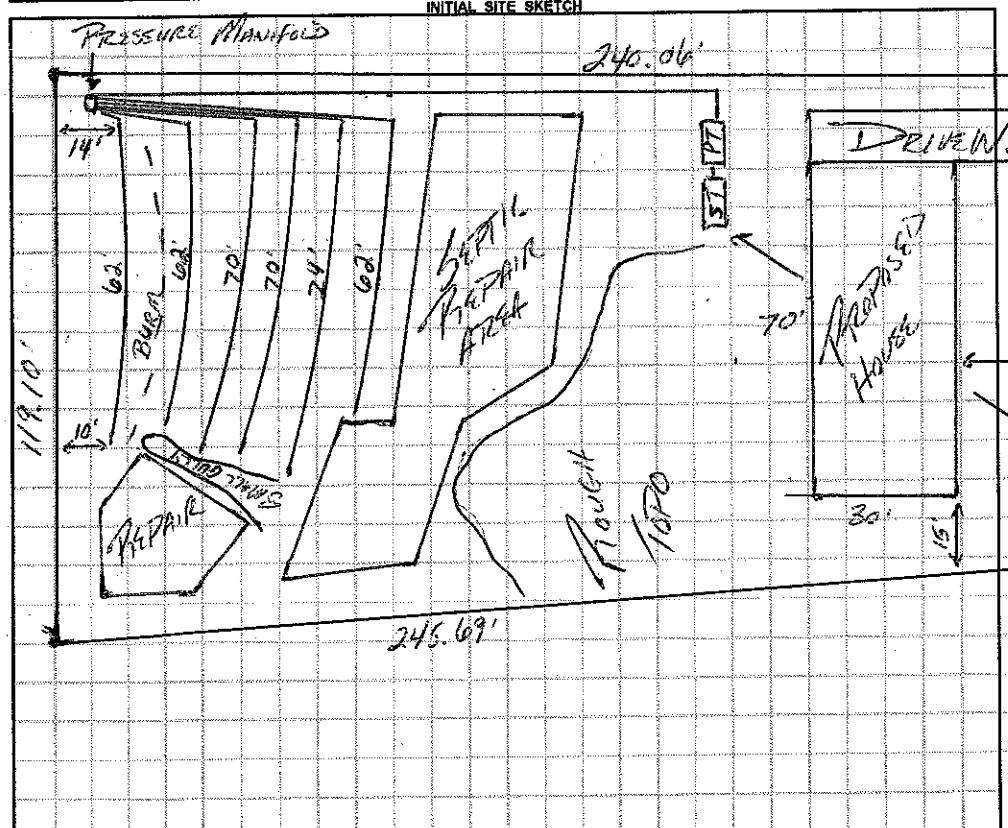
SUBDIVISION: FAIRHAVEN SECTION: 1 LOT # 18 LOT AREA: .610 ACRS DESIGN FLOW: 480 GPD L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	160	Date	AUG-15	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	149	Date	AUG-15	System Description:	25% REDUCTION - PUMP (PM)	☐ Business	No. Persons	8	☑ Private
Pump Make	HYDROMATIC Model	SHEF45M1	Serial #			Repair System Description:	SAME	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	6	Linear Ft:	400		Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36" Max. Trench Bottom Depth	*37" *	Gravel Depth	N/A			☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

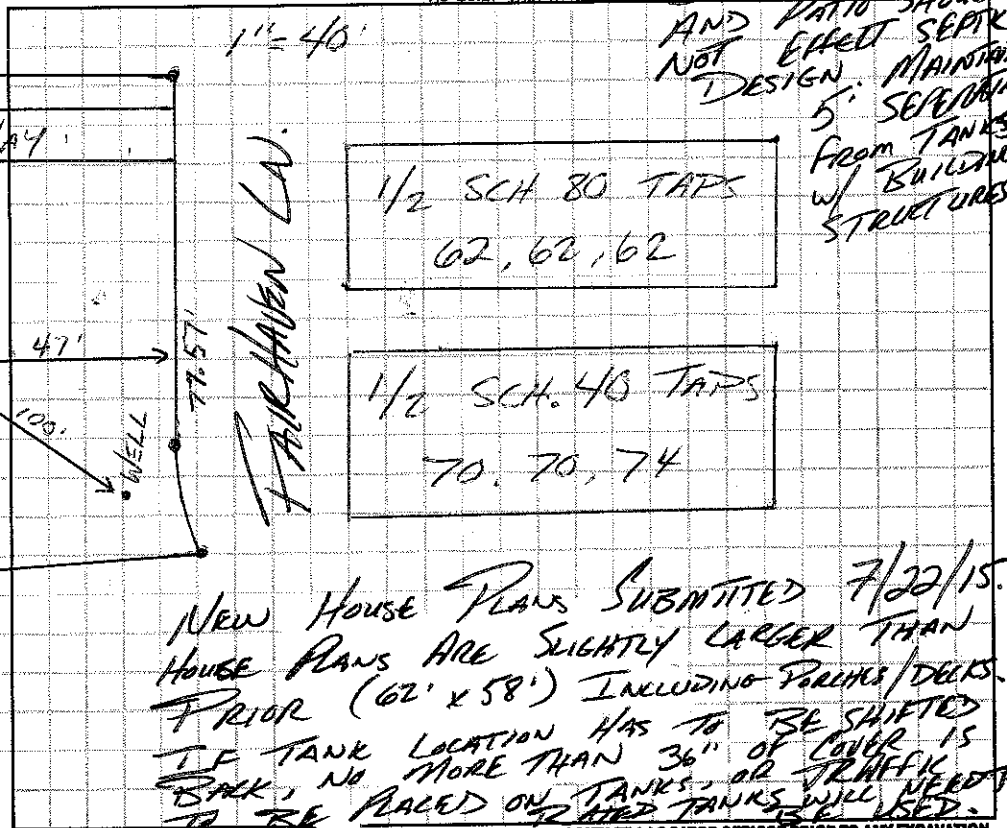
Comments / Conditions: FILL SMALL GULLY AND REMOVE BURN PILE. MAINTAIN 10' SEPERATION FROM P/L WITH DRAINFIELD AND 5' SEPERATION FROM P/L WITH SUPPLY LINES AND PM. NO TRAFFIC OVER TANKS.

CHECKED LINES, TANKS, PM 12-7-15 RA

INITIAL SITE SKETCH



AS BUILT SKETCH



COVERED PATIO SHOULD NOT EFFECT SEPTIC DESIGN. MAINTAIN 5' SEPERATION FROM TANKS W/ BUILDING STRUCTURES.

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 .. 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: Brandi Stewart Date: NOV 20, 2014 Installed by: BARNES

IMPROVEMENT PERMIT by: APPROVED Date: NOV 18 2014 OPERATION PERMIT by: Date: 1/27/16

AUTHORIZATION TO CONSTRUCT by: APPROVED JUL 23 2015 Existing System Inspected by: Date:

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