IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 138412 PIN # 3774-85-3690 DATE 26 October 09

OWNER or APPLICANT Peter Morreale PHONE: Business (704) 316-1452 Home: (704) 503-1189

OWNER or APPLICANT ADDRESS 15501 Chawin Tavern Ln. Charlotte, N.C.

LOCATION / DIRECTIONS I-40 W TR Sharon School Rd. TL Stewart Rock TL Fulbright TR Gaveln Pt. - Lot on Cove & Riverside.

SUBDIVISION RiverWalk BLOCK / SECTION IV LOT # 57 LOT AREA 7.14AC. DESIGN FLOW 480 g/d L.T.A.R. 0.25 g/d/ft²

Septic Tank 1000 Gallons: STB 1012 Date 9-4-09

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 480

Trench Width 36" #Max. Trench Bottom Depth 25" Gravel Depth NA

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

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 # max. trench depth 25" unless saprolite evaluated AND is prov. suit. / Follow contours /

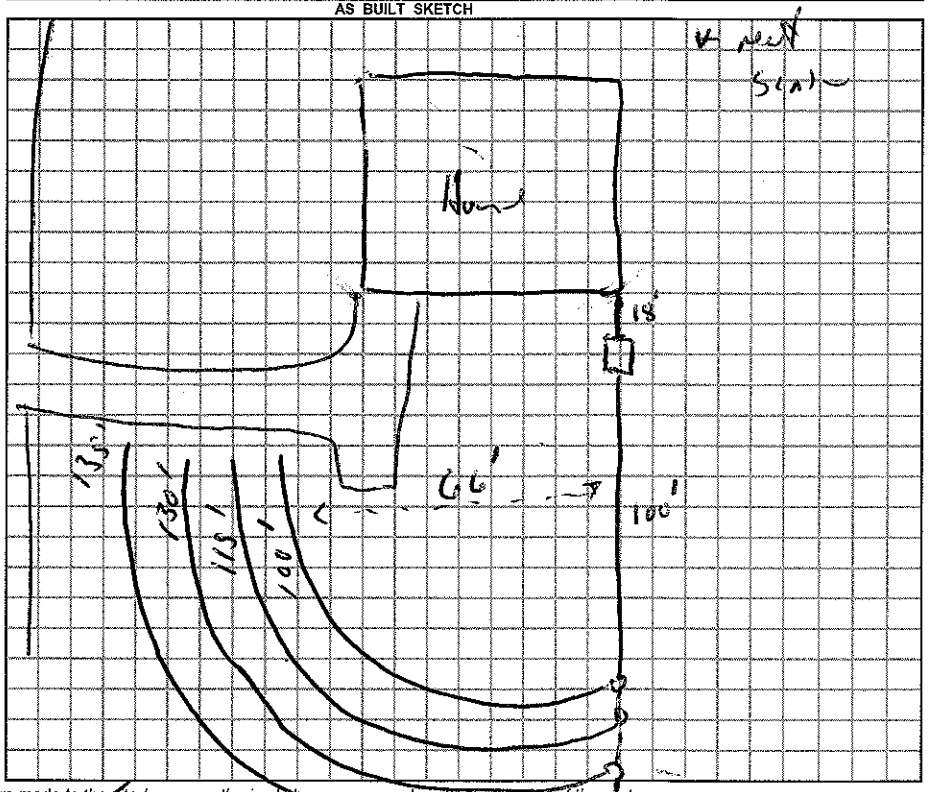
Comments / Conditions Polylock Fill

480' of ARC 36 /

INITIAL SITE SKETCH

Please see Attachment #1 for layout 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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration* ☑ *IMPROVEMENT PERMIT w / 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 10/26/09

Improvement Permit by: [signature], R.S. Date 26 October 09

Authorzation to Construct by: [signature], R.S. Date 26 October 09

Installed by: Ground Breaker

Operation Permit by: [signature], R.S. Date: 6 Nov 09

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant