IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141738 PIN# 3784-90-3330 DATE 30 Apr. 07

OWNER OR APPLICANT Michael Ottone PHONE: Business _____ Home 704-902-2410

ADDRESS 255 Ross Catfish Drive Statesville N.C. 28625

LOCATION I-40 W - Turn Sharon School Rd. Stay Right - TR 2nd St Falling Creek Dr. Lot on Left,

SUBDIVISION Sharon Trace BLOCK / SECTION 2 LOT 36 LOT AREA 0.511 ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gal/ft²/d.

Septic Tank: 1000 Gallons; STB FF/STD 1012-07 Date 2-28-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: Pump to 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

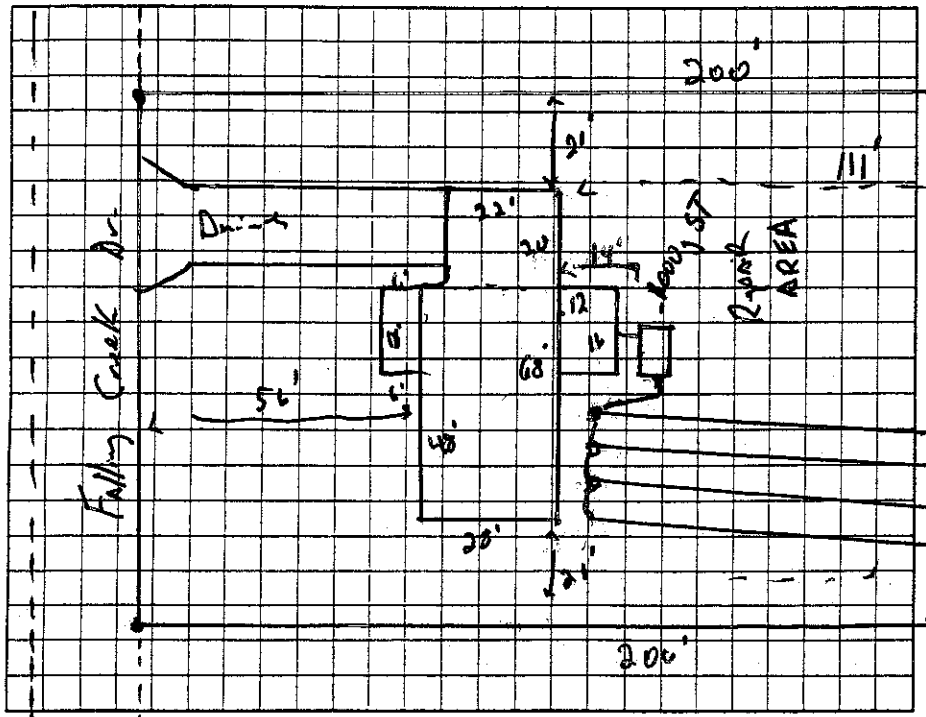
Water Supply: ☐ Individual ☑ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

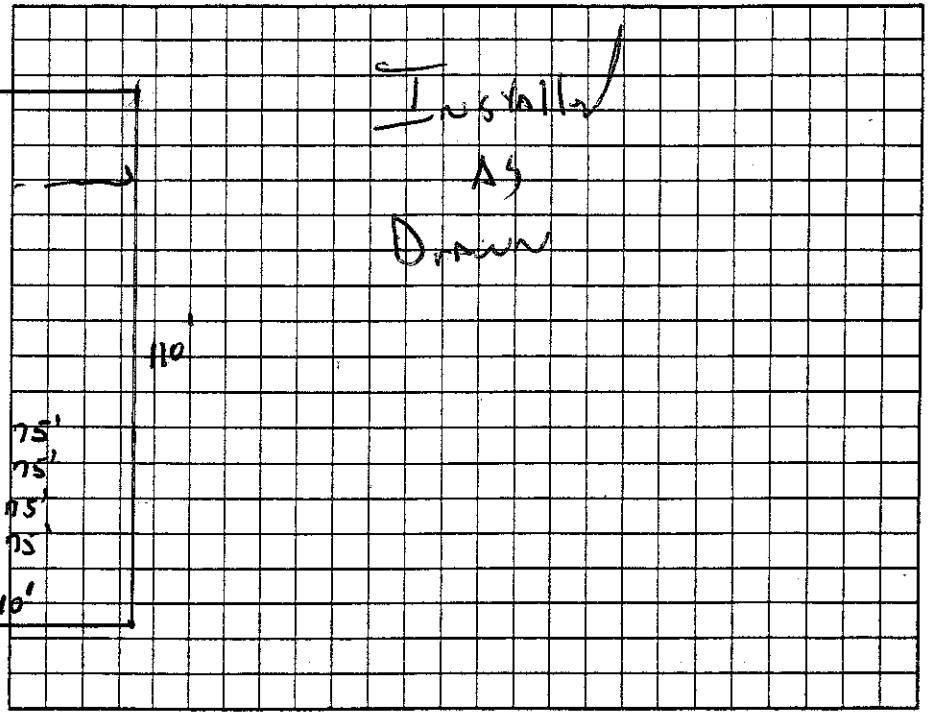
Comments:/Conditions: Follow contour / Honor all setback requirements,

Comments:/Conditions: Fill - Yellow tape / Marker on tank

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 5/01/07 Installed by: C. Thompson

Improvement Permit by: _____, R.S. date 30 Apr. 07 Operation Permit by: _____, R.S. date 1 May 07

Authorization to Construct by: _____, R.S. date 30 Apr. 07 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK