IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 20697

APPLICANT: Capote Builders PIN # 3792470054

APPLICANT ADDRESS: 5426 Capote Rd.

SITE ADDRESS: 109 Ridge Valley Dr.

PHONE: 704-483-7313 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70 W TR Ridge Valley Dr.

SUBDIVISION: John W Rodgers Prop SECTION: N/A LOT # 1 LOT AREA: 4.31 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.225

Septic Tank	1000 (gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction		
Pump Make	Model		Serial #	Repair System Description:	25% Reduction (Pump)		
# Nitrification Fields	1 # Lines	3	Linear Ft: 400	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36" Max. Trench Bottom Depth	36"	Gravel Depth N/A		☑ GRAVITY	☐ PRESSURE	

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

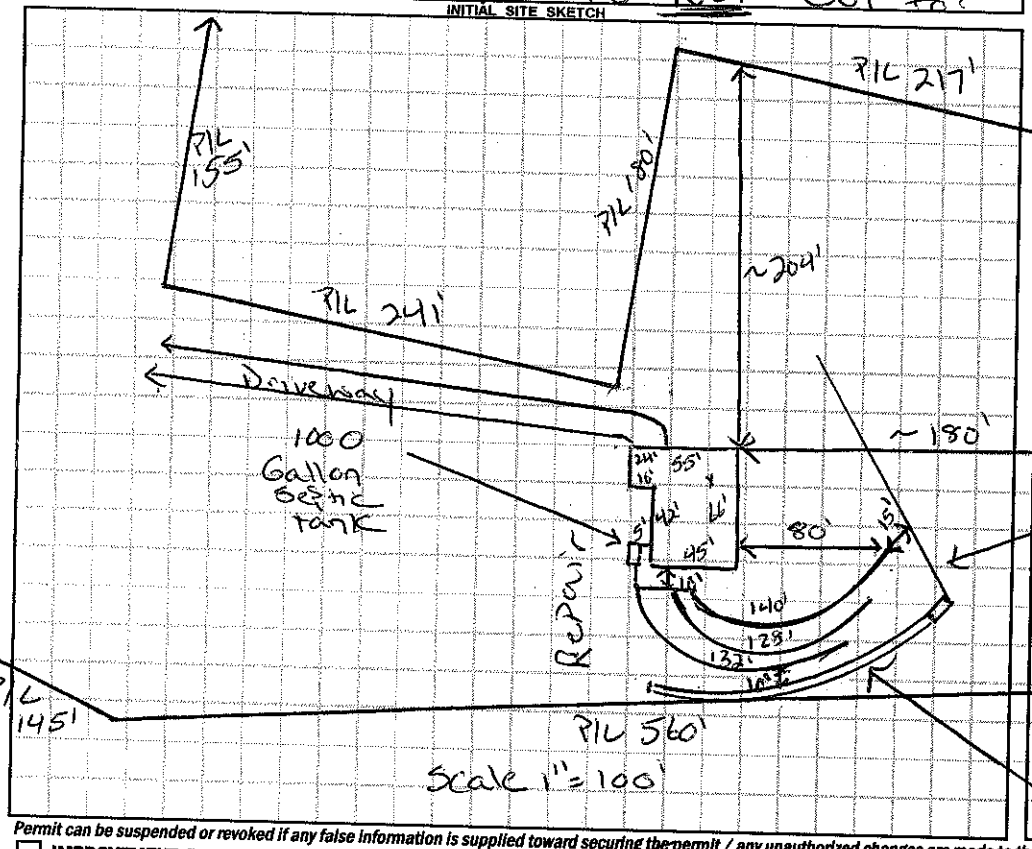
No. Bedrooms 3 No. Persons 6 No. Employees ___ ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

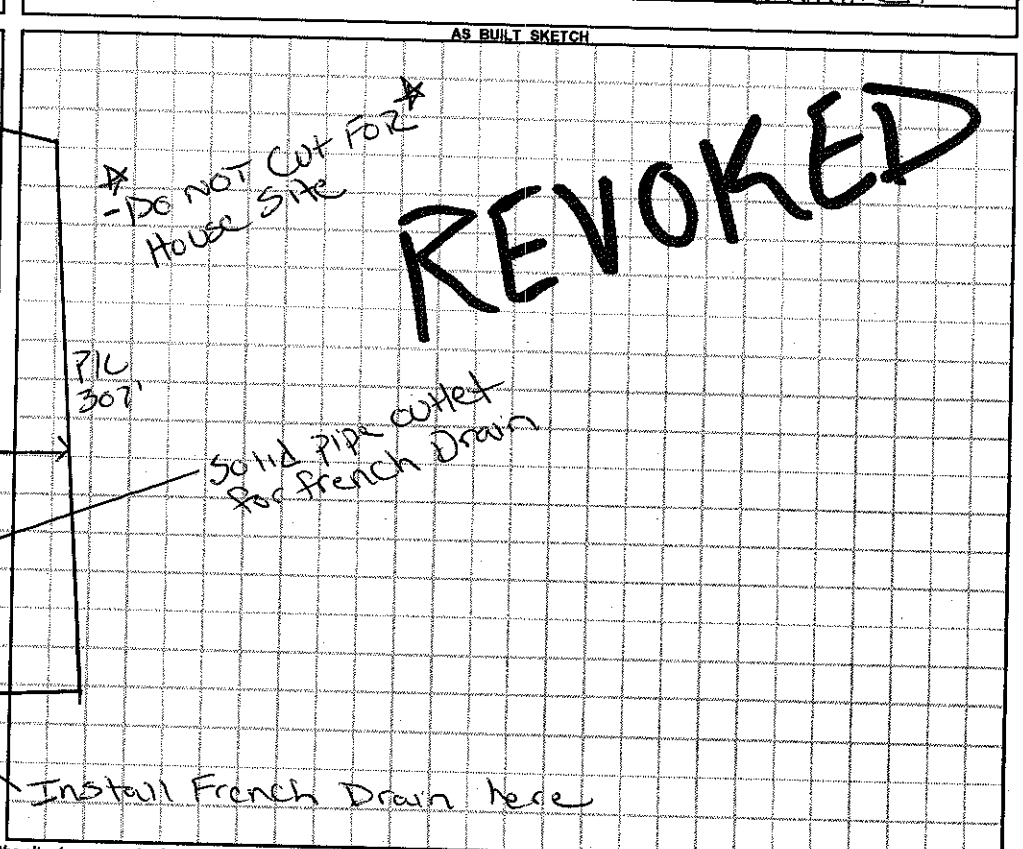
☐ Basement w/o plumbing

Comments / Conditions: IMPROVEMENTS ONLY!! Submit Floor Plan prior to issuance of CA. Install a 25% Reduction system on contour with serial distribution. DO NOT Cut for house site. Install French Drain @ location shown below. Install French Drain 1 Foot below trench bottom of 1st drainline.

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 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: [signature] Date: 6/7/14 Installed by: ___

IMPROVEMENT PERMIT by: Justin Henderson Date: 6-23-14 OPERATION PERMIT by: ___ Date: ___

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 6-27-14 Existing System Inspected by: ___ Date: ___

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