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 APPLICANT ADDRESS: 5426 Capote Rd. PIN # 3792463938

SITE ADDRESS: 109 Ridge Valley Drive PHONE: 704-299-5353 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70W TR Ridge Valley Drive

SUBDIVISION: John W Rogers Prop SECTION: N/A LOT # 1 LOT AREA: 4.314 DESIGN FLOW: 450gpd L.T.A.R.: 0.275

Septic Tank 1000 (gal) STB 760-1000 Date 7-25

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 436

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

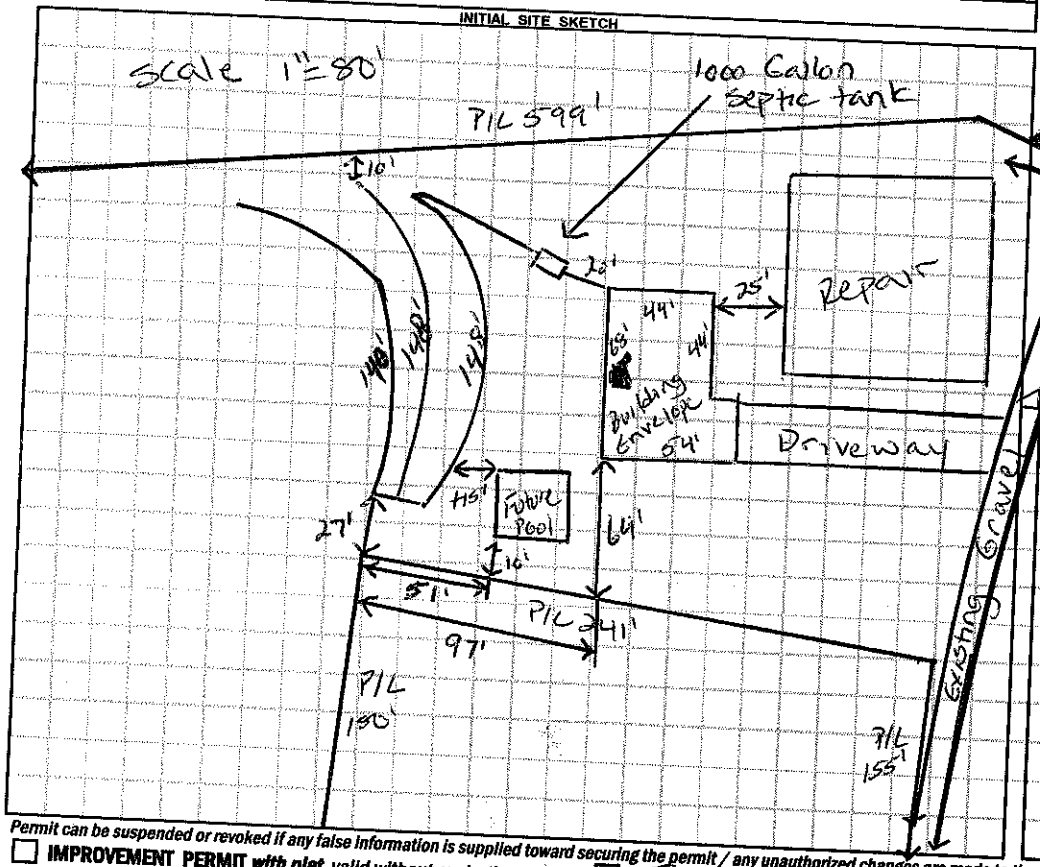
No. Bedrooms 4 No. Persons 8 No. Employees

☑ Crawl Space ☐ Basement w/o plumbing

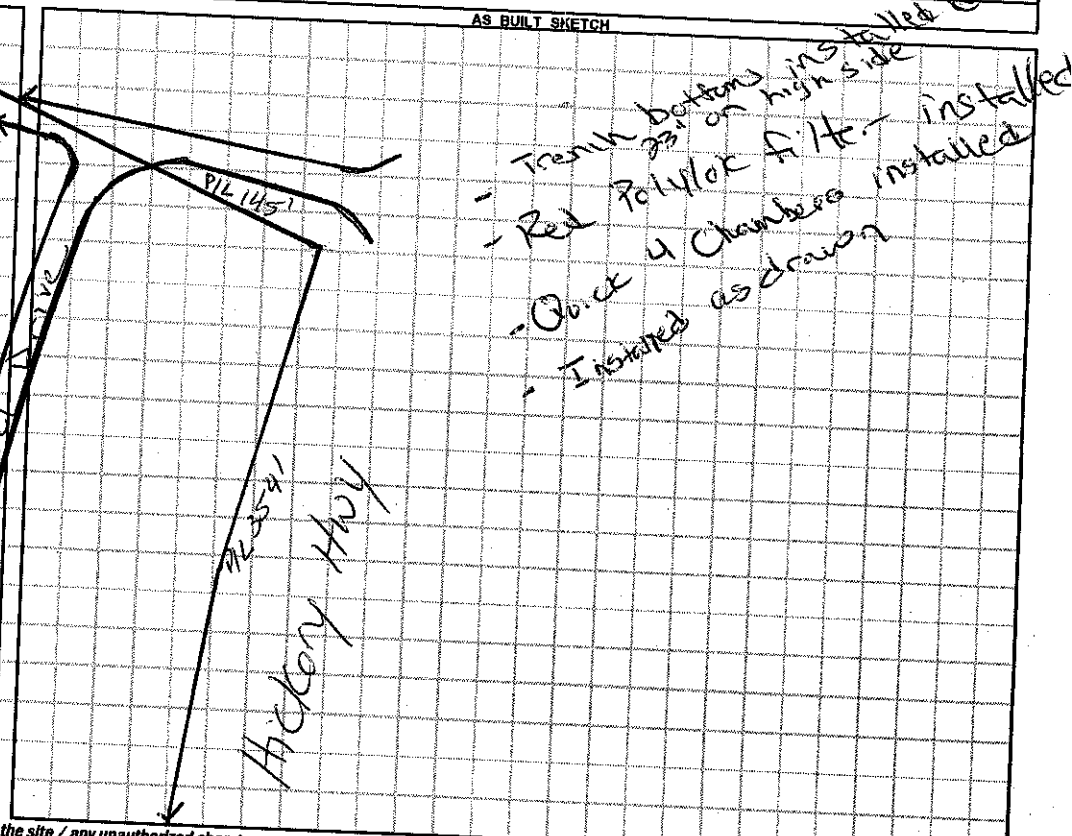
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contours with serial distribution

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: Jack Capote Date: 7/30/14 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Justin Henderson Date: 7-29-14 OPERATION PERMIT by: Justin Henderson Date: 10-31-14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 7-29-14 Existing System Inspected by: Date:

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