(C)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147300 PIN# 3793-44-7930

OWNER OR APPLICANT Antonio M. Capote PHONE: Business (704) 400-5781 Home (704) 483-1089 DATE 15 JANUARY 08

ADDRESS 5426 Capote Rd. Mallow N.C. 28650

LOCATION Shanw School Rd. Turn onto Mock Mill Rd. TR into Augusta Greens - TR Top File - Go to END

SUBDIVISION Augusta Greens BLOCK / SECTION ____ LOT 14 LOT AREA 0.704 Ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 0.39/FT²/d

Septic Tank: 1000g Gallons: STB 1786 Date 1-10-08

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 36" Max Trench Bottom Depth 36"

☑ 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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☑ Public ☑ Community

Gravel Depth 24" ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

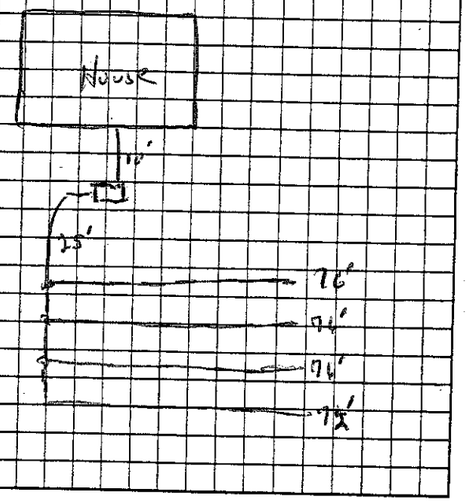
Comments:/Conditions: Follow contour / Have all setbacks

Comments:/Conditions: Poly/felt filter / Marker installed

INITIAL SITE SKETCH

Please see Attached Layout Plan

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 01/22/08

Improvement Permit by: ____, R.S. date 15 JAN. 08

Authorization to Construct by: ____, R.S. date 15 JAN. 08

Installed by: Contractor

Operation Permit by: ____, R.S. date 6 June 08

Existing System Inspection by: ____ date ____

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

(650)
37
271
15
Repair AREA
75'
75'
75'
75'
14'
Follow contour
25% Reduction System
100% ST
SS
36
58
233
232
191
53
159
113
13
1 inch equals 40 feet