IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 109143 PIN# 3796-95-3190 DATE 10/15/02

OWNER OR CONTRACTOR Dominick Canarzi PHONE: Business — Home (704) 585-2111

ADDRESS P.O. Box 309 Stony Point N.C. 28678

LOCATION Hwy 64 W, (L) on E. Lockey Farm Rd (R) on Cherry Blossom Lane, Lot on Right

SUBDIVISION Richmont Hills BLOCK / SECTION — LOT 15 LOT AREA 2.46 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 4000 Gallons; STB 1007 Date 3-31-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 345

No Lines 3@11.5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity Conv.

Repair System Description: Gravity 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

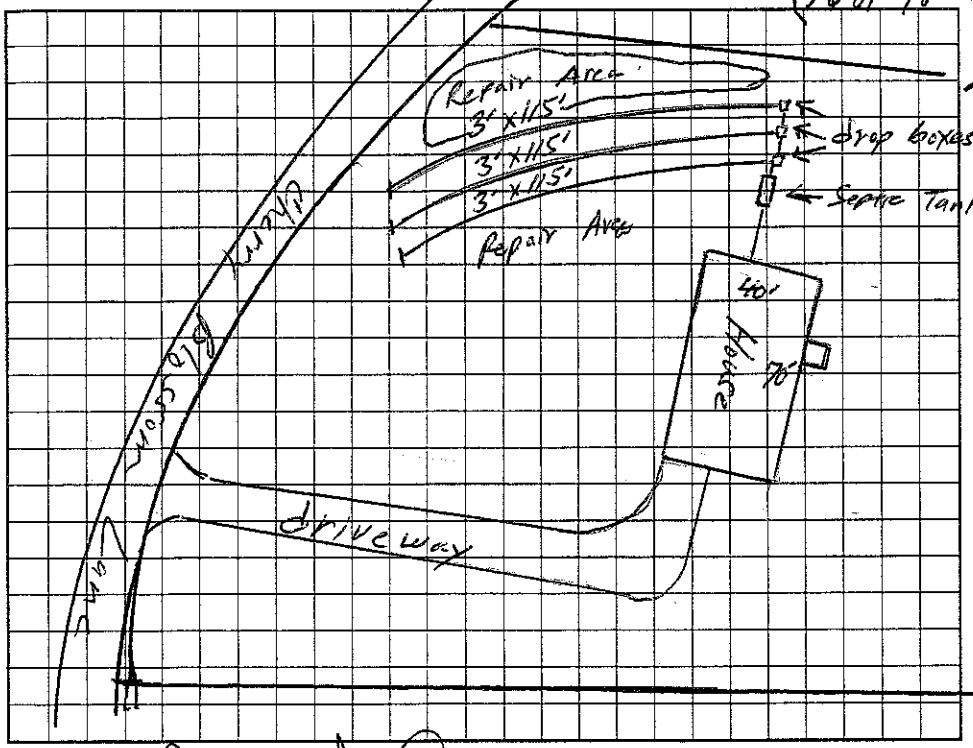
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

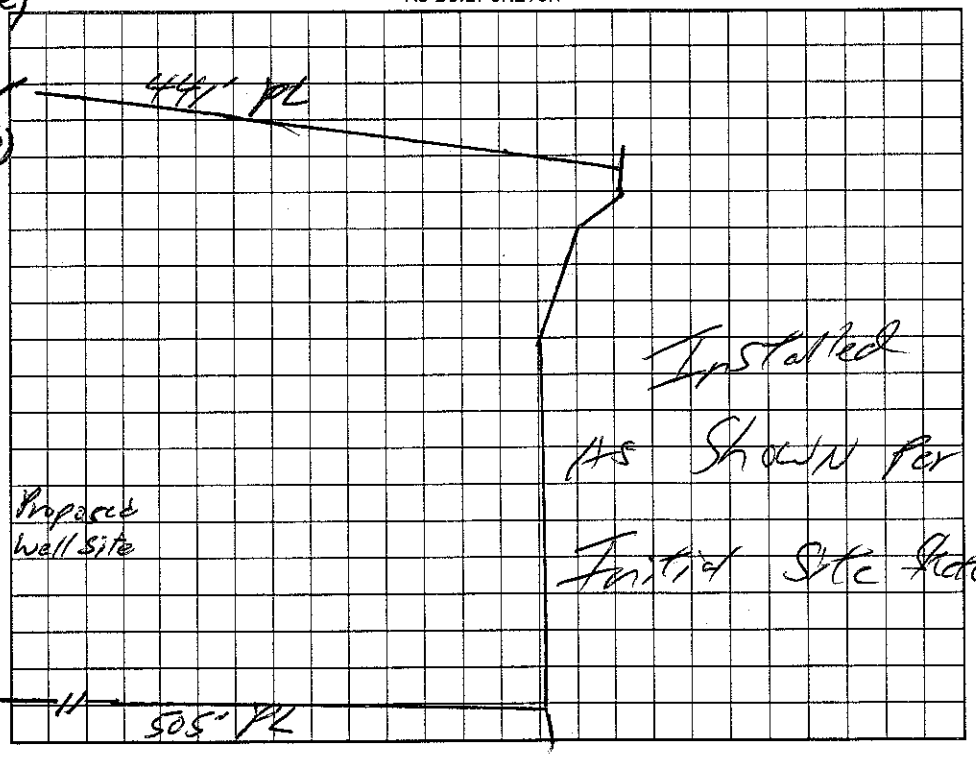
Comments:/Conditions: ① Install Lines on contour ② Keep Septic System 100 ft From well

Comments:/Conditions: -Poly lok filter ST Marker Installed

INITIAL SITE SKETCH (Not to Scale)



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: [signature] date 10/17/02 Installed by: Fredell Septic Co

Improvement Permit by: William O. Johnson date 10/15/02 Operation Permit by: William O. Johnson date 5/30/03

Authorization to Construct by: William O. Johnson date 10/15/02 Existing System Inspection by: ____ date ____

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