# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91822 PIN# 4693 73 6156 DATE 12/28/00

OWNER OR CONTRACTOR Paul Agrillo PHONE: Business _____ Home 278-0562

ADDRESS 565 Grampion Dr. Mt. Ulla NC 28125

LOCATION ST, Park Rd, L Morrison Farm, L Still Water on RT

SUBDIVISION Stillwater Est' BLOCK / SECTION _____ LOT 9 LOT AREA 0.72 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1012 Date 9-19-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduct.
Repair System Description: PPRS
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

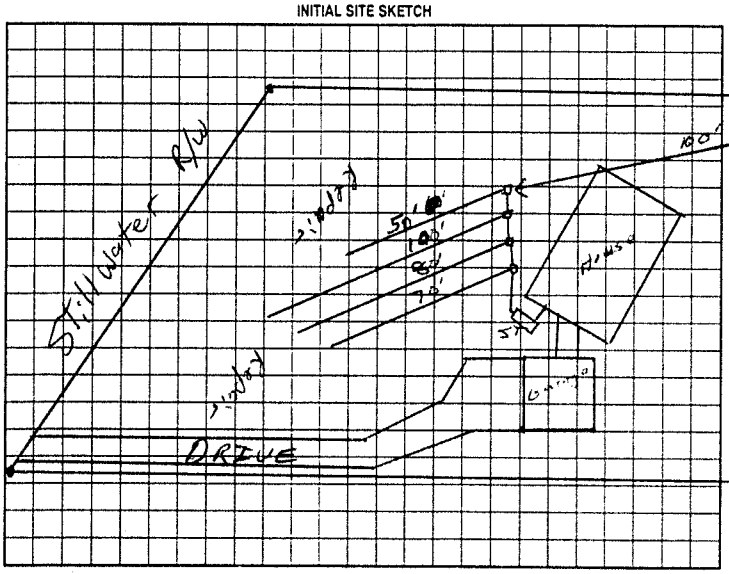
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community

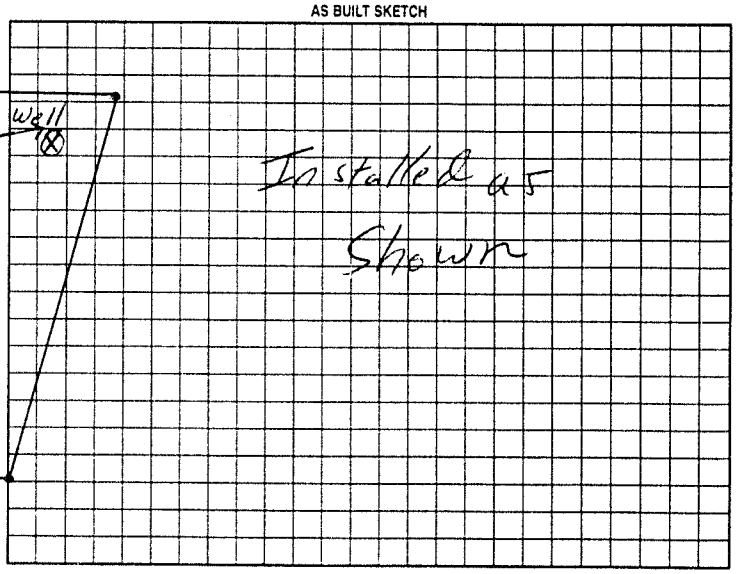
Comments:/Conditions:

Comments:/Conditions: - Polylok Filter Installed
- Installed 300 Ft HDES System
- Tank risers Installed

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 1-19-01 Installed by: A-1 Backhoe

Improvement Permit by: _____ RSI date 12/28/00 Operation Permit by: William O Johnson date 1-25-01

Authorization to Construct by: _____ RSI date 12/28/00 Existing System Inspection by: _____ date _____

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