IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 126537 PIN# 4636 82 9447.000 DATE 2/14/05

OWNER OR CONTRACTOR Sam & Judy Buscaglia PHONE: Business _____ Home 704-799-9869

ADDRESS 106 Chatsworth Ln. Mooresville, NC. 28117

LOCATION 1100 Tl Connerbach Tl Connerbach T12 Chatsworth, 1st house on (R)

SUBDIVISION Woodland Hills BLOCK / SECTION _____ LOT 22 LOT AREA EXISTING SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200
No Lines 2@100' Trench Width 3' Max Trench Bottom Depth 3'

☐ New System ☒ Repair System Type: I, II, (III), IV, V, VI
System Description: _____
Repair System Description: LPAV - 25% Reduced
Maintenance Agreement Required: ☐ Yes ☒ No

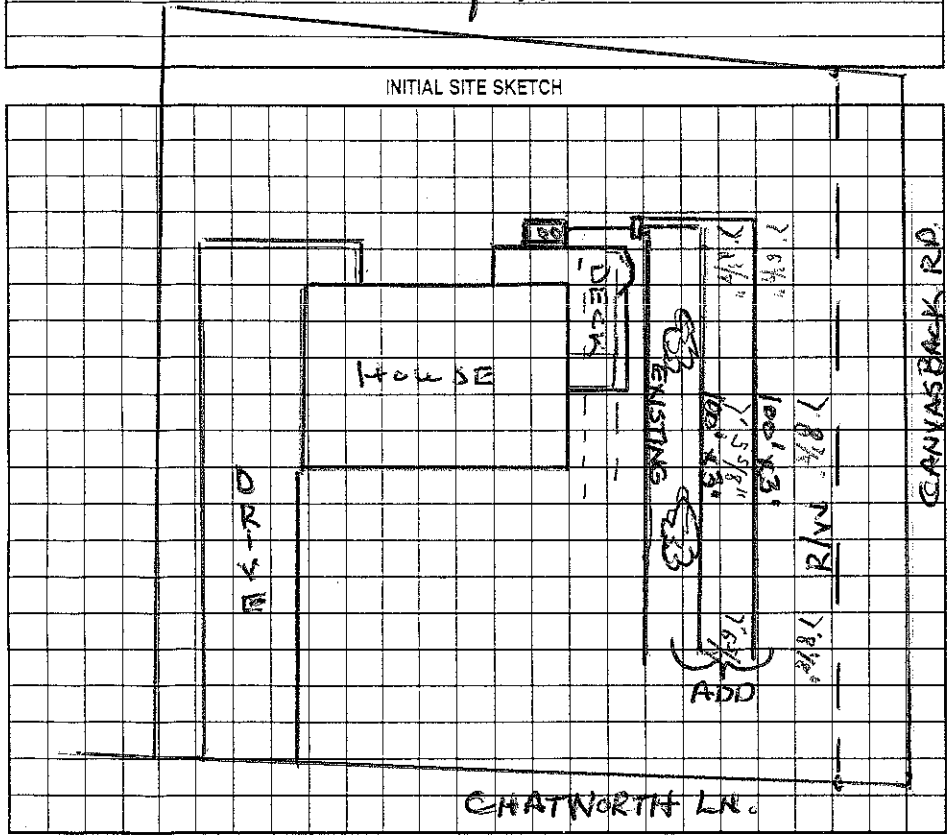
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: Add 2 lines at 100' x 3' of 25% Reduced Drainfield

Comments:/Conditions: Quick 4 Infiltrators installed as Hamnon AC.

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: Judy Buscaglia date 2/16/05 Installed by: Wayne County

Improvement Permit by: Wesley Sparks R.S. date 2/14/05 Operation Permit by: Wesley Sparks R.S. date 3/4/05

Authorization to Construct by: Wesley Sparks R.S. date 2/14/05 Existing System Inspection by: _____ date _____

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