IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101307 PIN# 4637360658 DATE 7-16-2001

OWNER OR CONTRACTOR Santo Locascio PHONE: Business (704) 799-0249 Home 202-2100

ADDRESS 166 Hideaway Ln Mooresville NC 28117

LOCATION Hwy 150 W. TL McCrary TL Tara TR Hidden Cove on left #131

SUBDIVISION Hidden Cove BLOCK / SECTION ____ LOT 5 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. ____

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields Existing Bed Linear Feet 84

No Lines Bed 7½x84 Trench Width 7½ Max Trench Bottom Depth Existing Gravel Depth ____

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

System Description: Gravity-Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

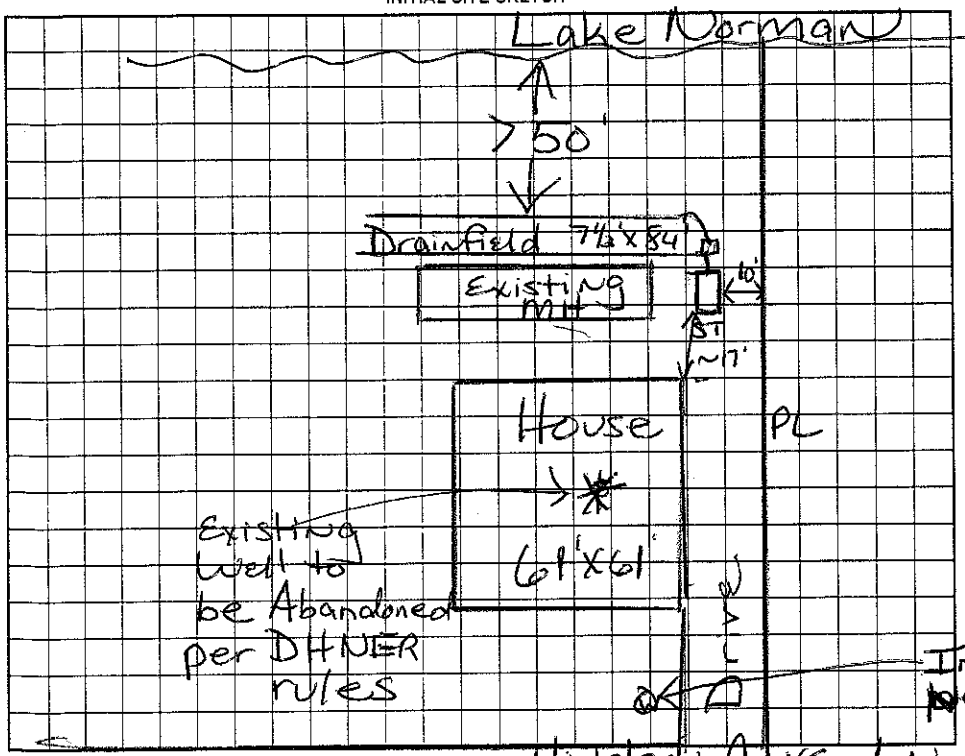
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments:/Conditions: Septic System permitted for 3 Bedroom * Keep new house at least 5' from Septic System New well must be at least 25' from House & 50' From Septic

INITIAL SITE SKETCH



AS BUILT SKETCH

Original permit

For: Marion Davis 1974

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: X Santo Locascio date ____ Installed by: ____

Improvement Permit by: Maria H. Dotson RS date 7/16/2001 Operation Permit by: ____ date ____

Authorization to Construct by: Maria H. Dotson date ____ Existing System Inspection by: Maria H. Dotson RS date 7/16/2001

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