IREDELL COUNTY HEALTH DEPARTMENT

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

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

11:00

PERMIT# 130349 PIN# 4657 76 2754 DATE 9/14/05

OWNER OR CONTRACTOR Cornel Crisan PHONE: Business _____ Home _____

ADDRESS 6800 N. Tripp Ave Lincolnwood IL 60712

LOCATION 150 W. TL Kendra, on Lt #203 Kendra

SUBDIVISION Doolie Meadows BLOCK / SECTION _____ LOT 32 LOT AREA 25,000 Ft² SITE CLASS RS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 1-3-07

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 24" Gravel Depth _____

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

System Description: Gravity 25% Reduct.

Repair System Description: Pump Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☐ Public ☒ Community

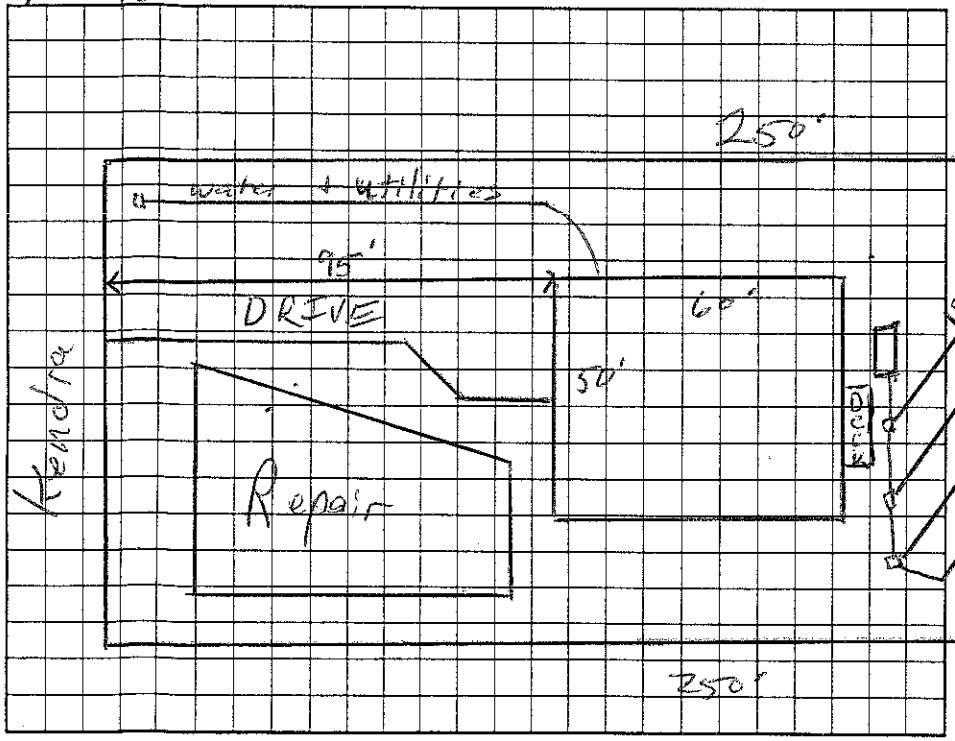
Comments:/Conditions:

Trenches Cannot be Deeper than 24"
Remove All Berms

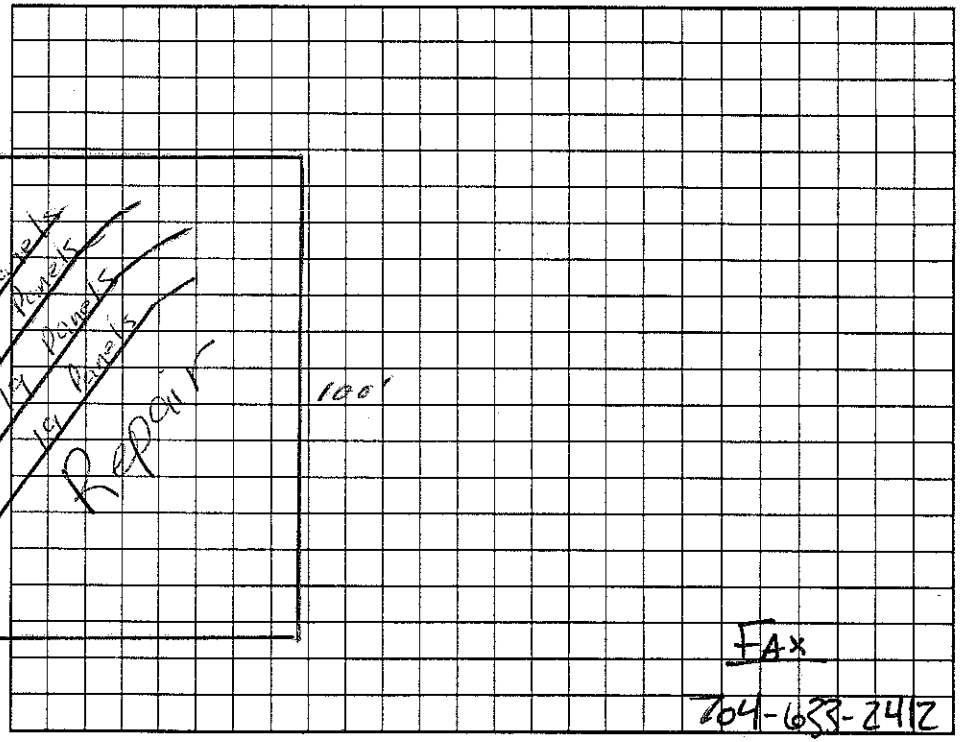
Comments:/Conditions: Installed Quick 4

1"=40'

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: Ioan Crisan date 09/16/05 Installed by: Wayne Glontz RS

Improvement Permit by: _____ RS date 9/14/05 Operation Permit by: _____ date 3/21/07

Authorization to Construct by: _____ RS date 9/14/05 Existing System Inspection by: _____ date _____

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