IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137866 PIN# 4637-77-2264 DATE 4/26/06

OWNER OR APPLICANT Stefan & Valerie Jarchici PHONE: Business _____ Home _____

ADDRESS 8206 N. Crawford St. Skokie, IL 60076

LOCATION 150W, TL Kendra, on Lt

SUBDIVISION Deolic Meadows BLOCK / SECTION _____ LOT 37 LOT AREA 0.57AC SITE CLASS. PS DESIGN FLOW 440 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 825 Date 9/23/07

Pump Tank: 1000 Gallons: PT 362 Date 9/4/07

Pump Make: ZOELLER Model N-153B Serial No. 8/07

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines ~~Trench~~ Trench Width 36" Max Trench Bottom Depth 5' Gravel Depth ____

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

System Description: Pump 25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☐ Public ☒ ~~Community~~

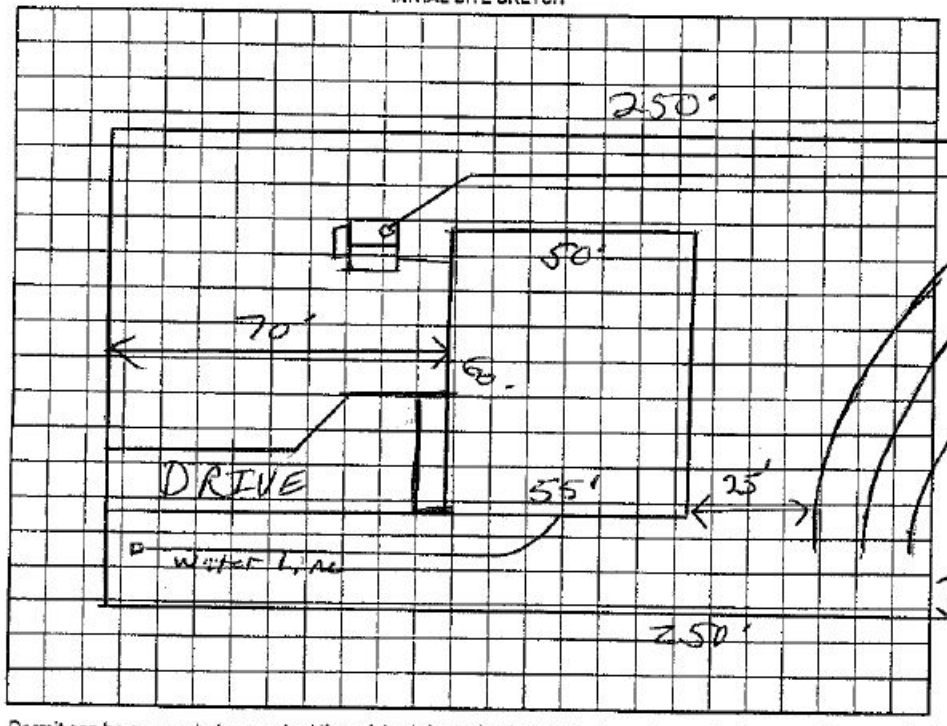
☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: 5 180'x3' - Shallow trenches installed

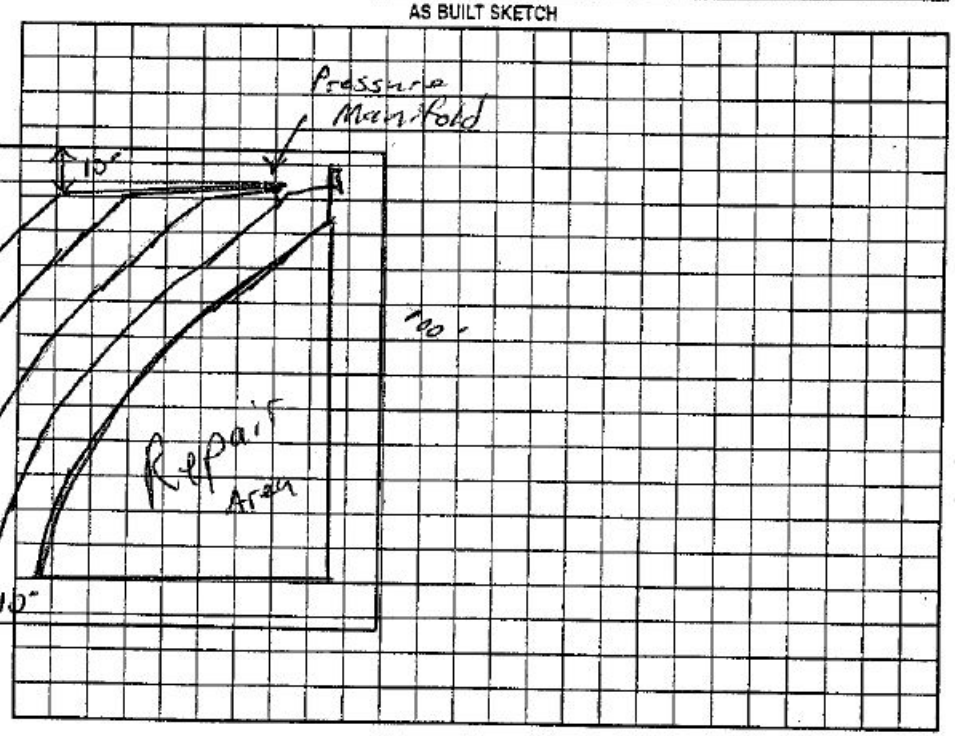
1"=40'

Comments/Conditions:

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: David Cuddeback date 4-28-06 Installed by: Rowan Hopkins Tank

Improvement Permit by: [signature] RS date 4/26/06 Operation Permit by: Wesley Sparks date 11/7/07

Authorization to Construct by: Judy Melville date 6-19-07 Existing System Inspection by: _____ date _____

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