# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 70[illegible]305 MOORESVILLE 704-664-5281

RJ 4/30

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

PERMIT# 111214/123345 PIN# 4638-52-0269 4638-52-0213 DATE 5/22/03

OWNER OR CONTRACTOR Thomas Santoro PHONE: Business _____ Home 704-798-2322

ADDRESS 112 Alameda Cir Mooresville NC 28117

LOCATION Perth, TL Normandy Rd, on Lt just Past Rutan Ct.

SUBDIVISION LNAP BLOCK / SECTION _____ LOT 1 LOT AREA 1.52AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 786 Date 9/22/04
Pump Tank: 1000 Gallons; PT 32 Date 9/17/04
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 6@45' Trench Width 24" or 36" Max Trench Bottom Depth 36" Gravel Depth —

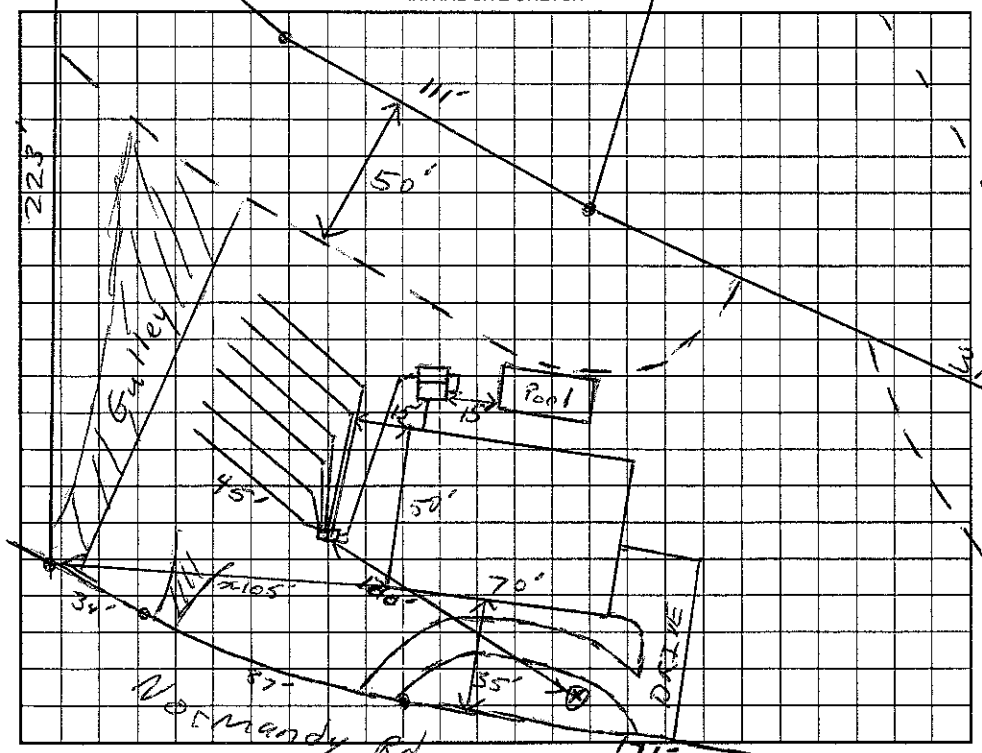
☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Press. Man. Panel Block
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

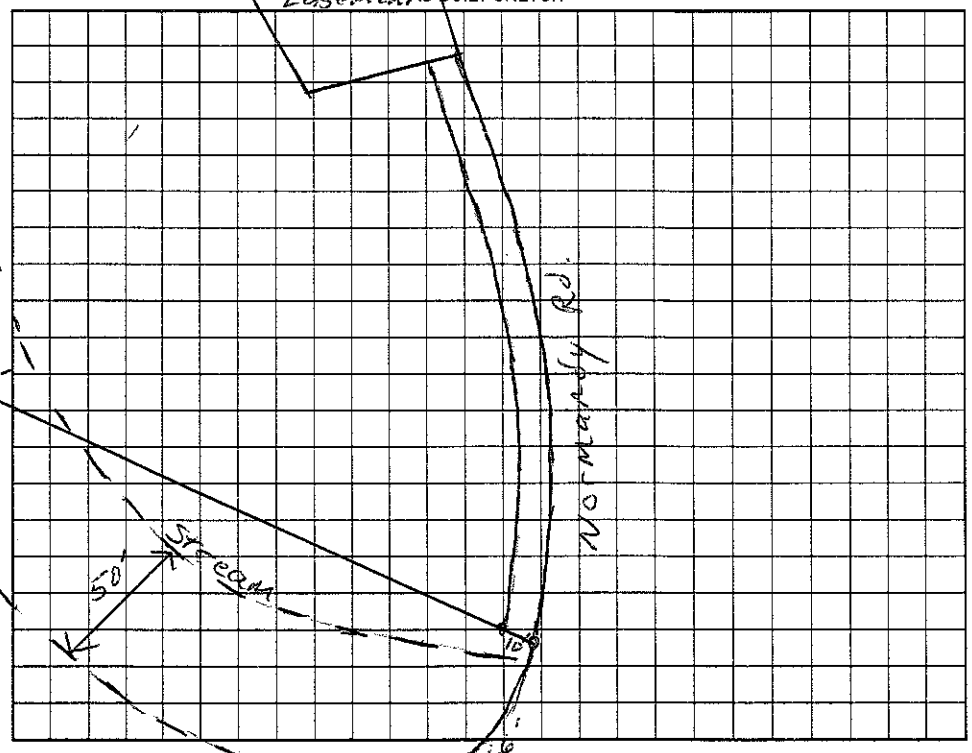
Comments:/Conditions: 92 - Lake Norman

INITIAL SITE SKETCH




Comments:/Conditions: Repair Area — 4 Bedroom Lot only — 1" = 60'

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 _____ Installed by: Corintian Bldrs

Improvement Permit by: RS date 5/22/03 Operation Permit by: RS date 12/21/04

Authorization to Construct by: RS date 5/22/03 Existing System Inspection by: _____ date _____

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