IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 143705 PIN # 4639-45-6720 DATE 5-7-10

OWNER or APPLICANT Dave Liberatore PHONE: Business 417-291-1383 Home: 585-594-0221

OWNER or APPLICANT ADDRESS 58 Hutchins Rd

LOCATION / DIRECTIONS Perth, TL Fern Hill, TR Hawksnest, 125

SUBDIVISION Woodstream Estates BLOCK / SECTION 1 LOT # 6 LOT AREA 1.63Ac DESIGN FLOW 480 GPD L.T.A.R. .3-.35

Septic Tank 1000 Gallons: STB 794 Date 8-28-10

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 6 Linear Feet 400'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduction

Repair System Description: Same

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

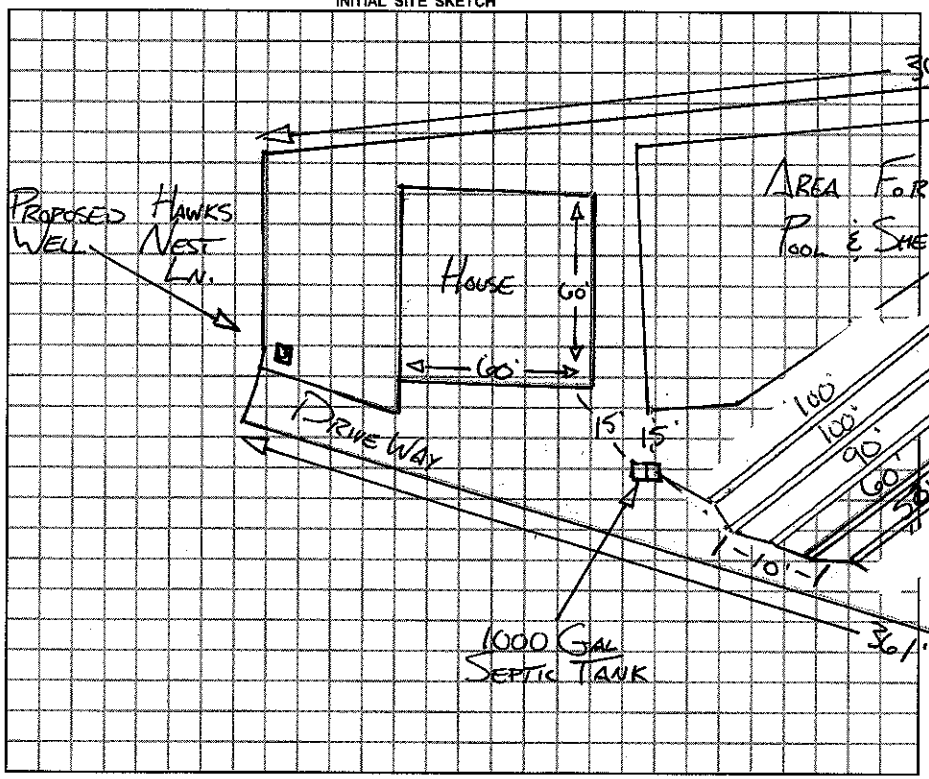
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions 1) Tank Must Be 15' From Basement 2) Use 1-Drop Box Distribution (If Chambers Are Used, End Caps Can Replace Drop Boxs)

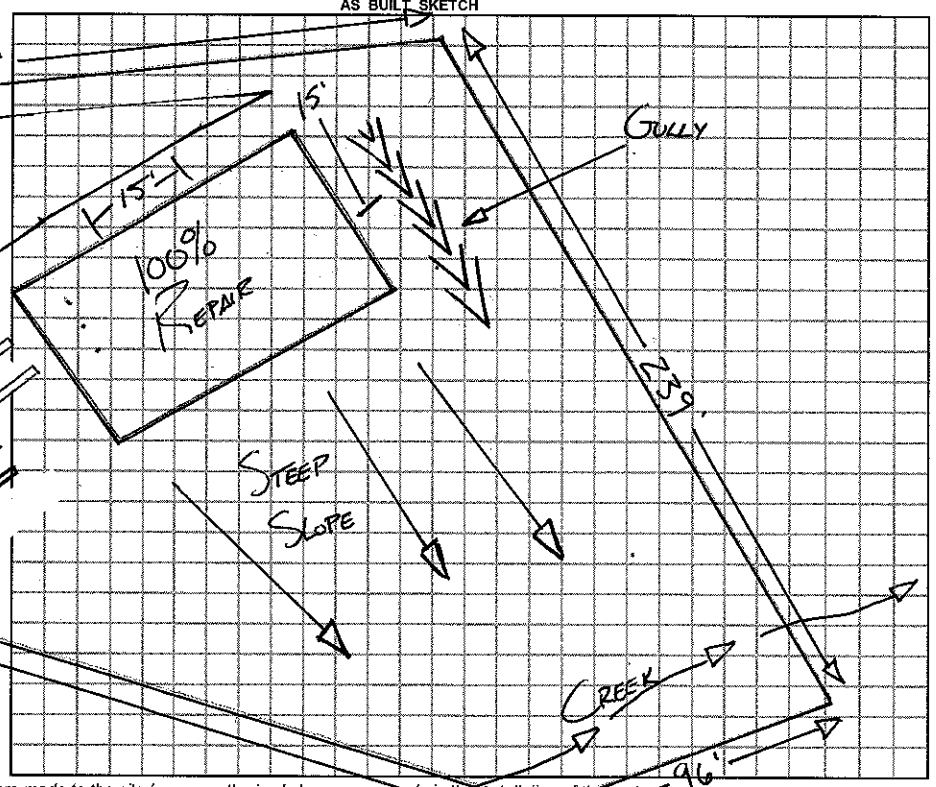
Comments / Conditions

Arc 36

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 w / plat valid without expiration. ☒ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Dave Liberatore Date 5/20/10

Improvement Permit by: B-A-Reis Date 5-11-10

Authorization to Construct by: B-A-Reis Date 5-20-10

Installed by: Larry Beam

Operation Permit by: B-A-Reis Date: 10-7-10

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant