IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121435 PIN# 4639-61-5556.009 50 5823 DATE 1/26/05

OWNER OR CONTRACTOR JOSEPH A LAMONICA JR. PHONE: Business _____ Home _____

ADDRESS 1758 SHERWOOD CT - STATESVILLE, NC 28673

LOCATION PERTH (N) - TL LIVA LANE - TR BAY CROSSING - TL SLEEPY COVE - ON LT

SUBDIVISION BAY CROSSING BLOCK / SECTION _____ LOT 9 LOT AREA .914c SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .36 PD/RTA

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 7/22/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280

No Lines 8@35' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

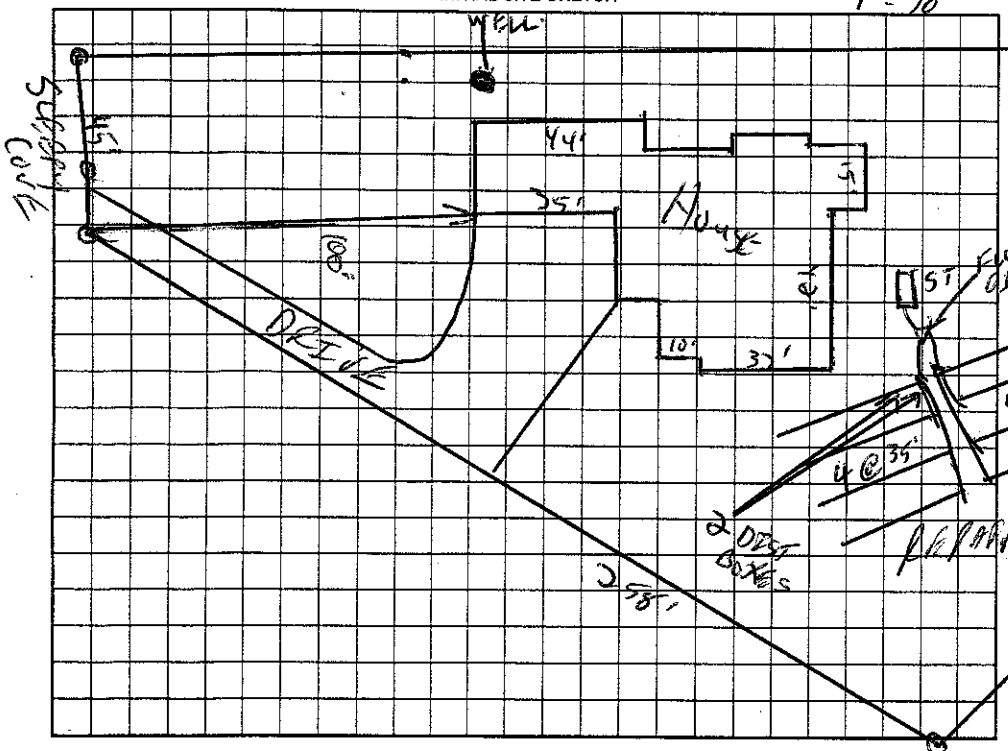
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

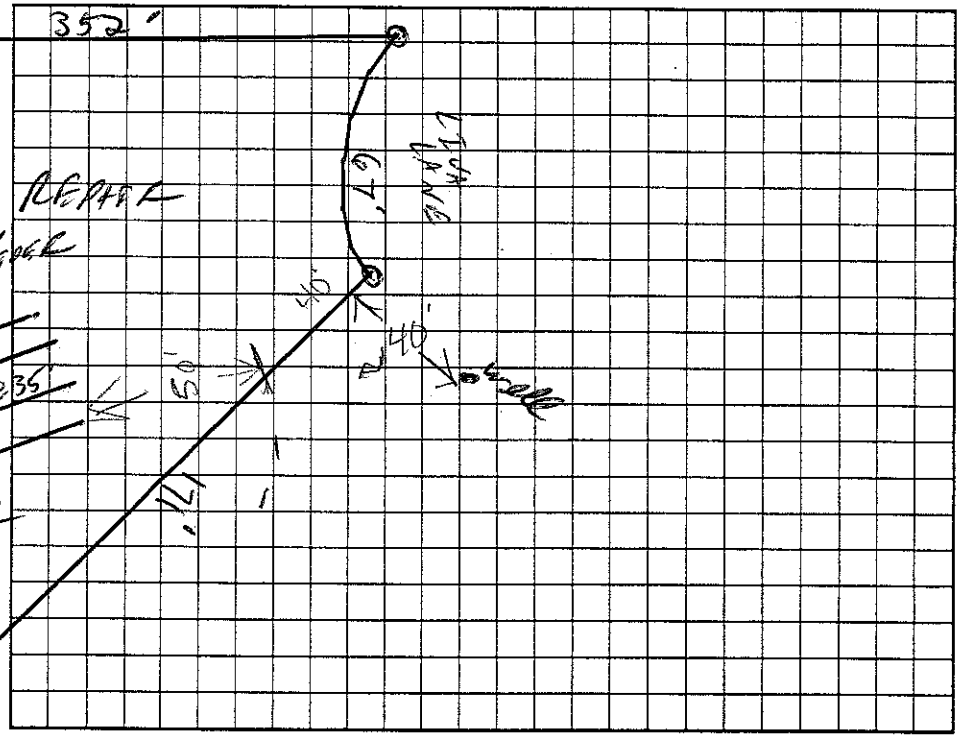
Comments/Conditions: WELL VARIANCE ~~MADE~~ WILL HAVE TO BE APPLIED FOR TO GO CLOSER THAN 25' TO HOUSE.

Comments/Conditions: FENCE 100' FROM ALL WELLS WITH SEPTIC SYSTEM

INITIAL SITE SKETCH 1"=50'



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 1-27-05 Installed by: Orbison

Improvement Permit by: _____ RS date 1/26/05 Operation Permit by: _____ RS date 8/26/05

Authorization to Construct by: _____ RS date 1/26/05 Existing System Inspection by: _____ date _____

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