IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281 12:00

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

PERMIT# 125774 PIN# 4668816980 Frankie Coggins DATE 1-14-05

OWNER OR CONTRACTOR James Cady PHONE: Business 458-8534 Home (716) 962-9165

ADDRESS 28 Kent St Sinclairville, NY 14782

LOCATION Hwy 150 E TL Hwy 801 TR Sardis Rd near end on right

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-16-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

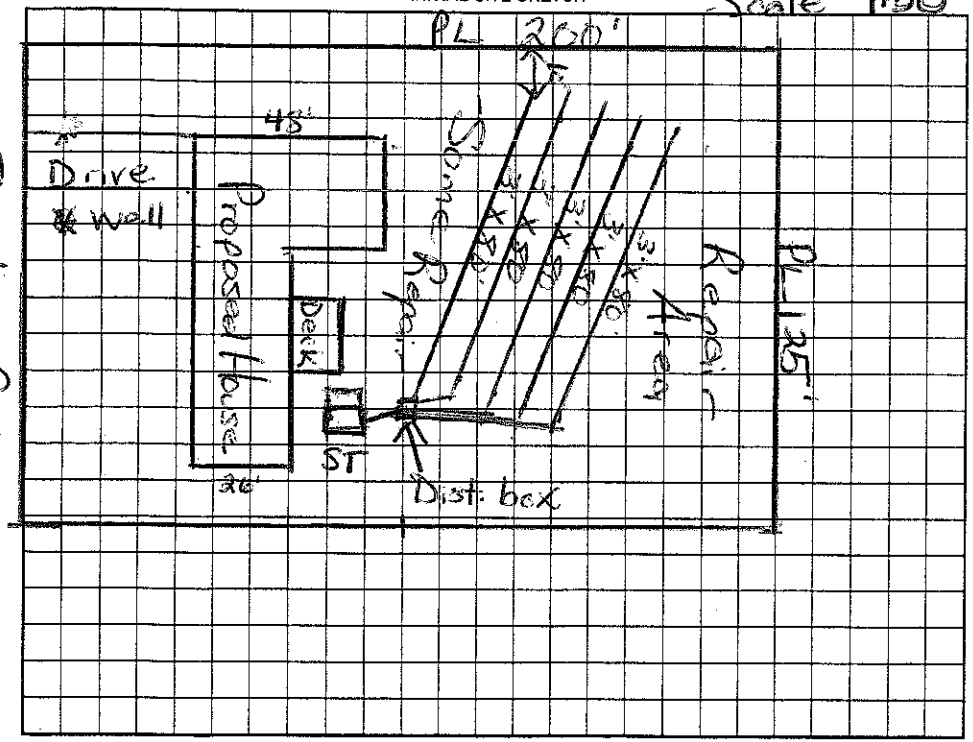
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' From PL

Comments/Conditions:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

Installed Plastic Chambers

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: James Cady date 1/18/05

Improvement Permit by: Maria H. Dotson RS date 1/14/05

Authorization to Construct by: Maria H. Dotson RS date 1/14/05

Installed by: Craig Thompson

Operation Permit by: Maria H. Dotson RS date 6/1/05

Existing System Inspection by: ____ date ____

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