CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143767 PIN# ~~4715543543~~ 4715543210 DATE 7-25-07

OWNER OR APPLICANT CED Excavating LLC PHONE: Business _____ Home 704-902-8735

ADDRESS 114 Sapis Trail LP

LOCATION 64 West to wood bridge 4th lot on left

SUBDIVISION Wood Bridge BLOCK / SECTION 2 LOT 7 LOT AREA 1.43 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB RST 5715 5725 Date 10-09-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1920 Linear Feet 480
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I (II) IV V VI
System Description: 2540 Gravelex
Repair System Description: 5070 Low Pro
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

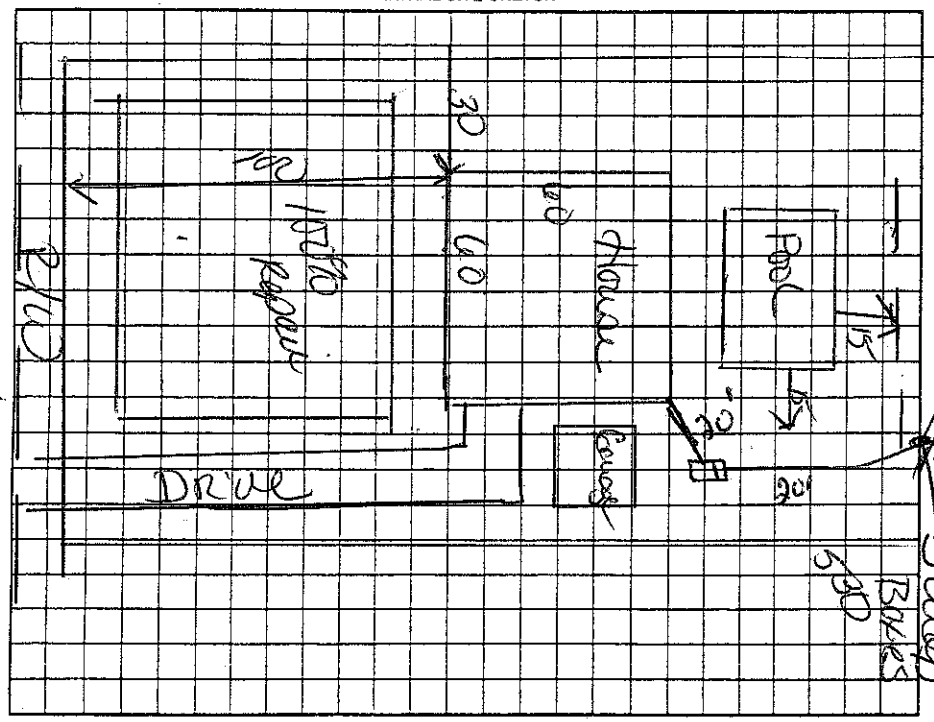
Water Supply: ☐ Individual ☑ Public ☐ Community

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

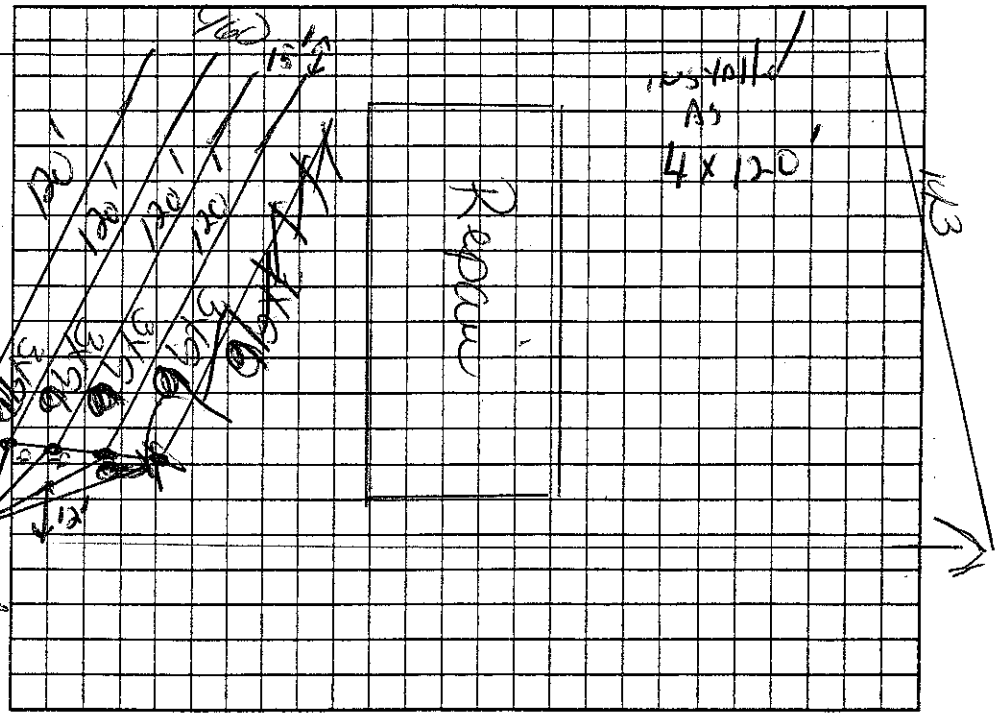
Comments:/Conditions:
Install on contour
Maintain all setbacks

Comments:/Conditions:
30" Trench Bottom
Scarify Sidewalls

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: _____ date _____

Improvement Permit by: Kelly Cook date 7-25-07

Authorization to Construct by: Kelly Cook date 8-30-07

Installed by: Owner

Operation Permit by: _____, R.S. date 13 Nov. 07

Existing System Inspection by: _____ date _____

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