1:30

(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13217 PIN# 4736315384 DATE 4-27-06

OWNER OR APPLICANT Anthony Cuviello PHONE: Business 704 361 9768 Home 704-880-6156

ADDRESS PO Drawer 1776 Statesville NC 28687

LOCATION Sullivan Farm RD Meadow Oak

SUBDIVISION Meadow Oak BLOCK / SECTION ____ LOT 27 LOT AREA 1.567 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 06/05/06

Pump Tank: 1000 Gallons; PT 12 Date 06/06/06

Pump Make: Goulds Model WE312AU1 Serial No. J0619675

Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 14 ☐ Gravity ☑ Pressure

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

System Description: 25% Pump

Repair System Description: Low Pres. 25%

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

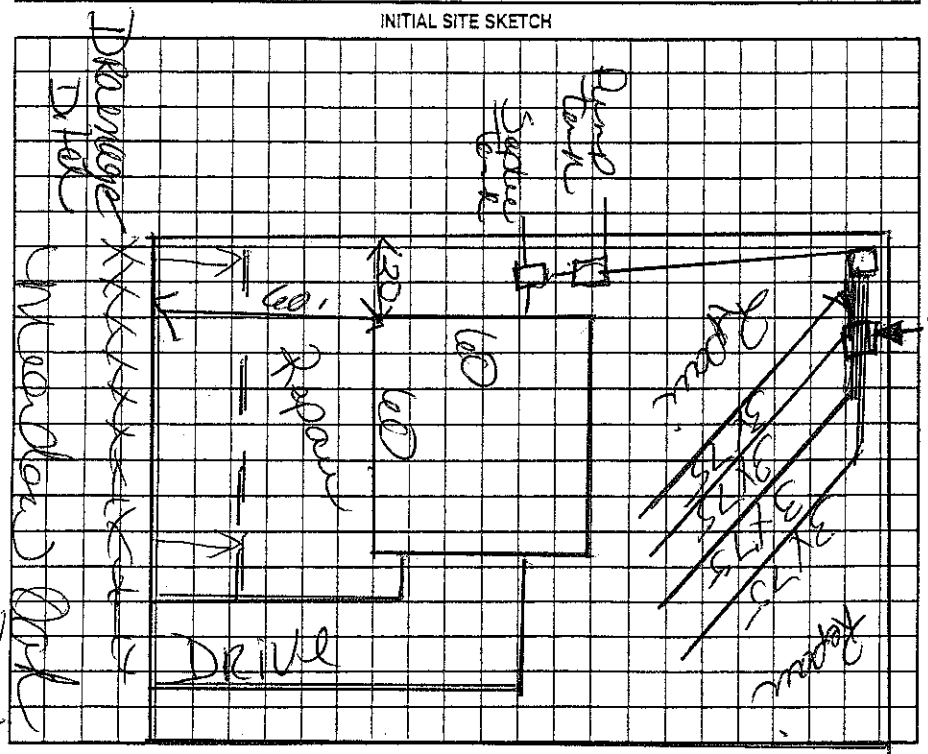
Comments:/Conditions:

Unstaked on Contour
Maintain all Setbacks

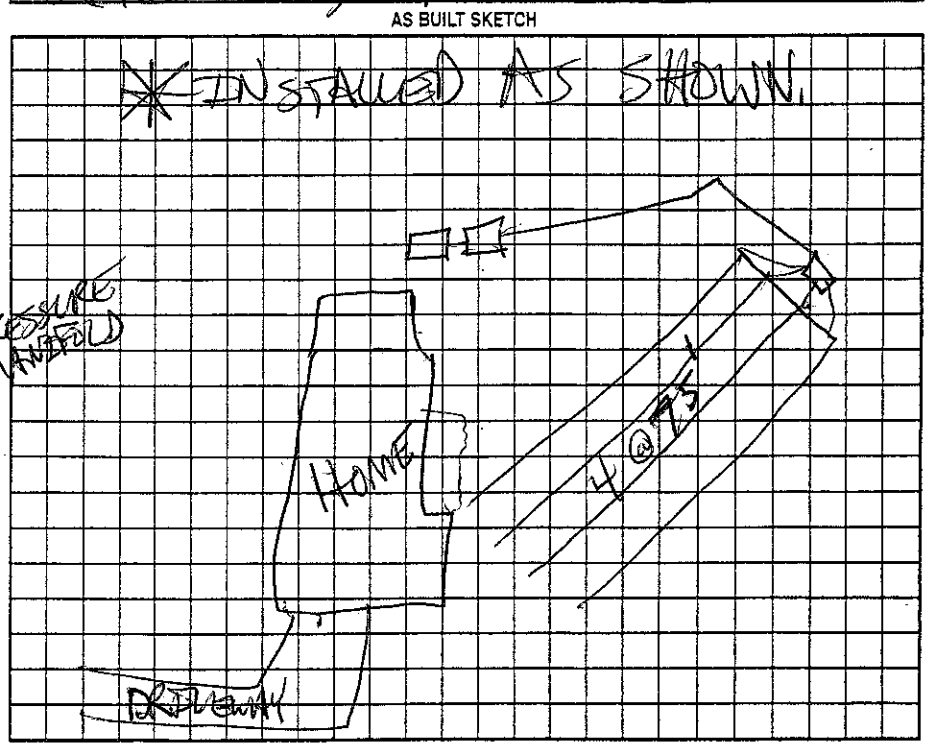
Comments:/Conditions:

Used Yellow Tuff-Tight Filter

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 4-27-06 Installed by: Piedmont Backhoe (Steve Jordan) 11/13/06

Improvement Permit by: _____ date 4-27-06 Operation Permit by: _____ date 2-20-07

Authorization to Construct by: _____ date 4-27-06 Existing System Inspection by: _____ date _____

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