86381 Domenic Urdi

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 04-699 PIN# 4741041147 DATE 11/4/99

OWNER OR CONTRACTOR Charles Crisafulli / Domenic Urdi PHONE: Business _____ Home 8572566

ADDRESS 4920 Hwy 152 Chimney Grove NC 28023

LOCATION Hwy 775 Exit 42 ⓛ 21.1 appx 3 mile ⓡ Alton Leaf Land on Right First opened field

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 10±2173.5Ac SITE CLASS 1/3 DESIGN FLOW 450 L.T.A.R. 3

Septic Tank: ~~1000~~/1500 Gallons; STB 268 Date 10-10-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 530
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Conv. Gravity
Repair System Description: Pump/Shallow/ 25%
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

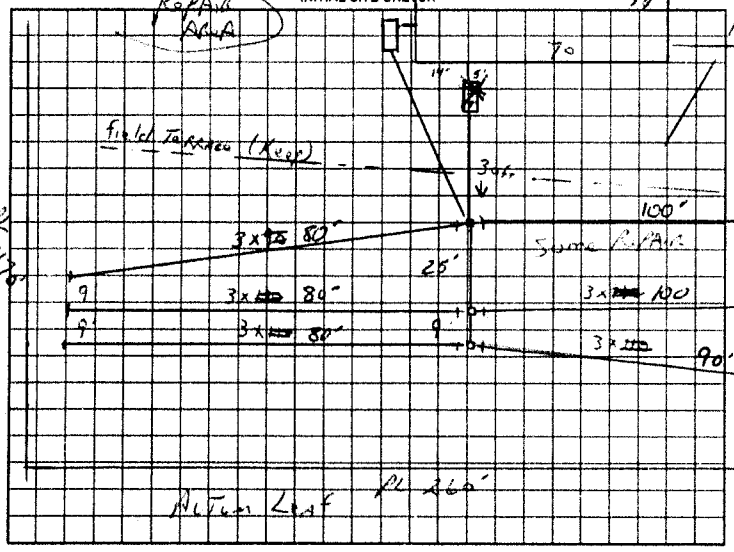
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☒ Individual
☐ Public
☐ Community
Well

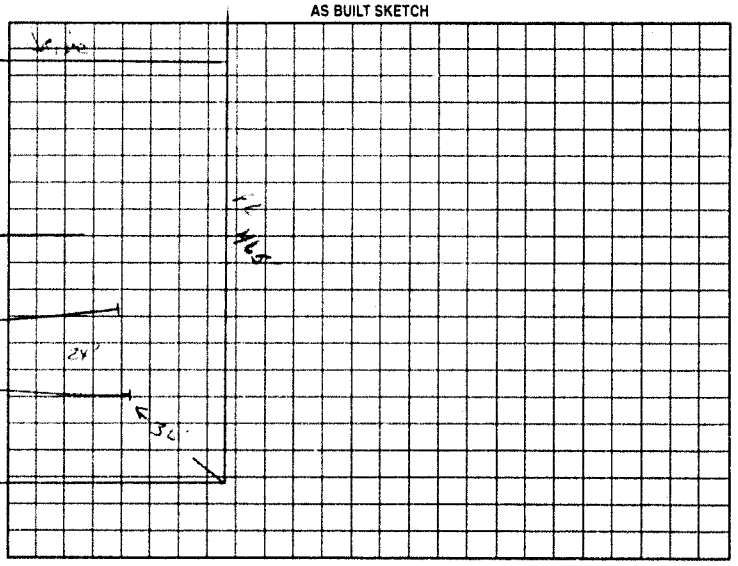
Comments/Conditions: INSTALL Lines on CONTOUR
MAINTAIN SETBACKS 100ft FROM Any wells or MAX FEASIBLE 50ft min.
LEAVE Field TERRACE in FRONT of home

Comments/Conditions Tank moved to side of house
filter installed
100ft WELL
SEPTIC

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 7-1999 Installed by: Wayne Clontz

Improvement Permit by: _____ date 11-4-99 Operation Permit by: _____ RSI date 11-22-00

Authorization to Construct by: _____ date 11-4-99 Existing System Inspection by: _____ date _____

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