IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 4 699 PIN# 4741 10 4147 DATE July 8, 99

OWNER OR CONTRACTOR Carlos Crisafulli PHONE: Business _____ Home 857 2566

ADDRESS 4920 Hwy 152 China Grove NC 28023

LOCATION Hwy 775 To Hwy 21 North (R) Autumn Leaf Prop on Right Approx 1 mile

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.2 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 10/27/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 120 Linear Feet 400
No Lines 5 @ 80 ft Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ☒ II, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

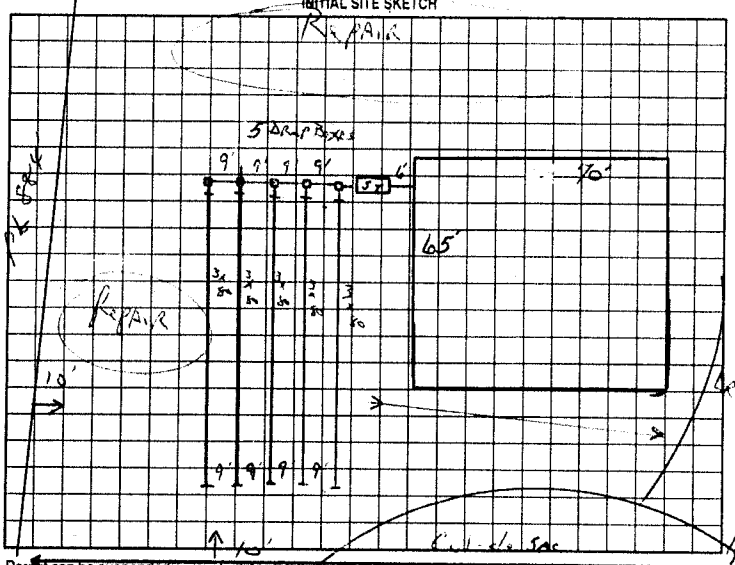
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

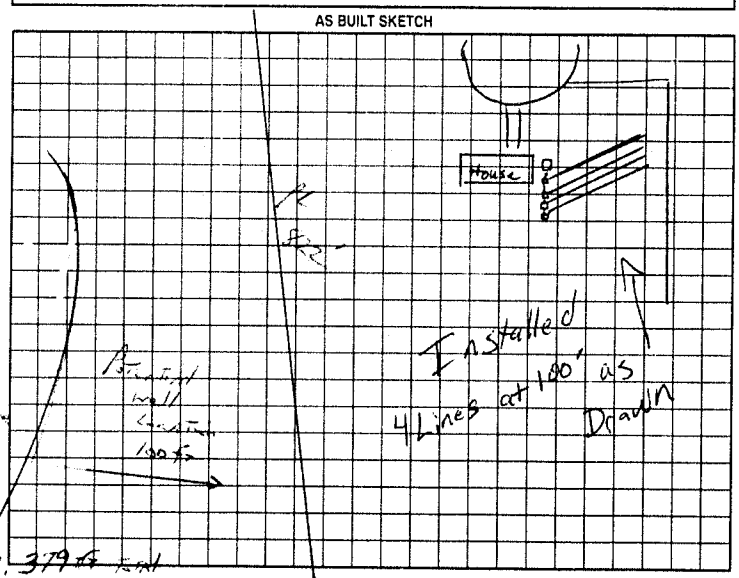
Comments/Conditions: Install Lines on contour 100ft or max feasible distance from well No less than 50ft Trench depth 30"

Comments/Conditions: Filter Installed

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 7-19-99 Installed by: Wayne Clontz

Improvement Permit by: _____ date 7.8.99 Operation Permit by: _____ RSI date 12/7/00

Authorization to Construct by: _____ date 7.8.99 Existing System Inspection by: _____ date _____

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