IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS EXPIRED PERMIT ISSUED 7-2-99 (ALLEN)

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

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

PERMIT# 131832 PIN# 4741-10-6008 DATE 10-17-05

OWNER OR CONTRACTOR LYNN & CHARLES CRISAFULLI PHONE: Business _____ Home 704-528

ADDRESS 107 NONNA'S WAY, TROUTMAN NC 28166

LOCATION US21 SOUTH, TL AUTUMN LEAF ROAD, 0.8 MILES ON RIGHT AT NONNA'S WAY

SUBDIVISION NONNA WAY ACRES BLOCK / SECTION _____ LOT 3 LOT AREA 2.3 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB RST 829 Date 9-10-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

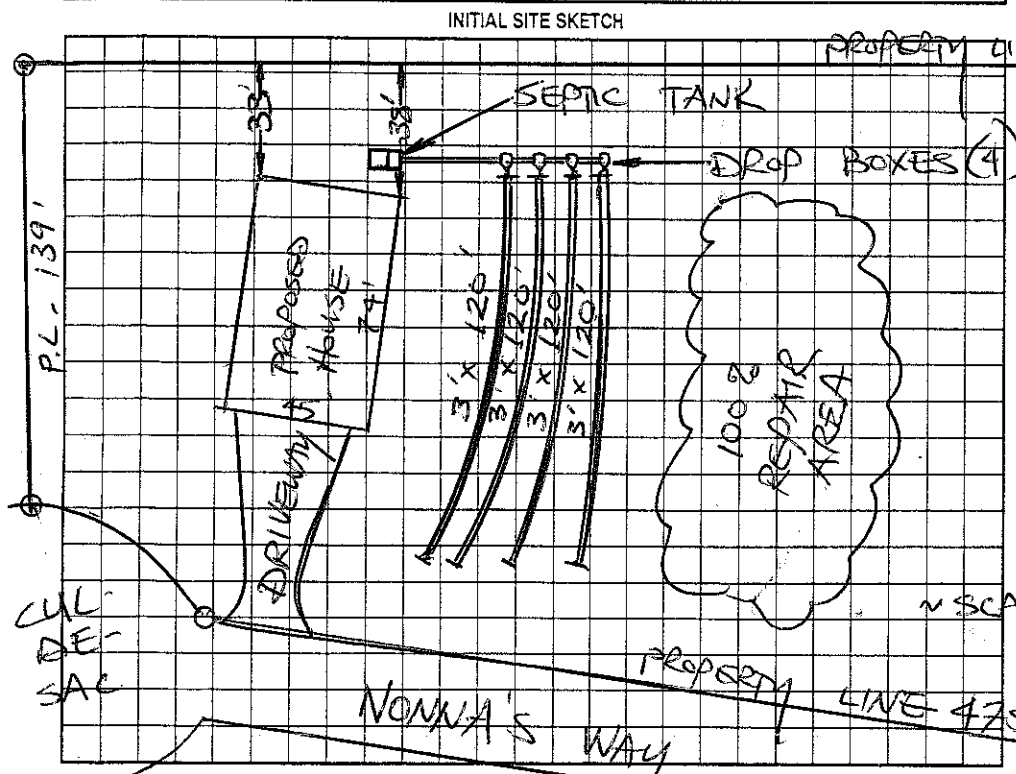
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

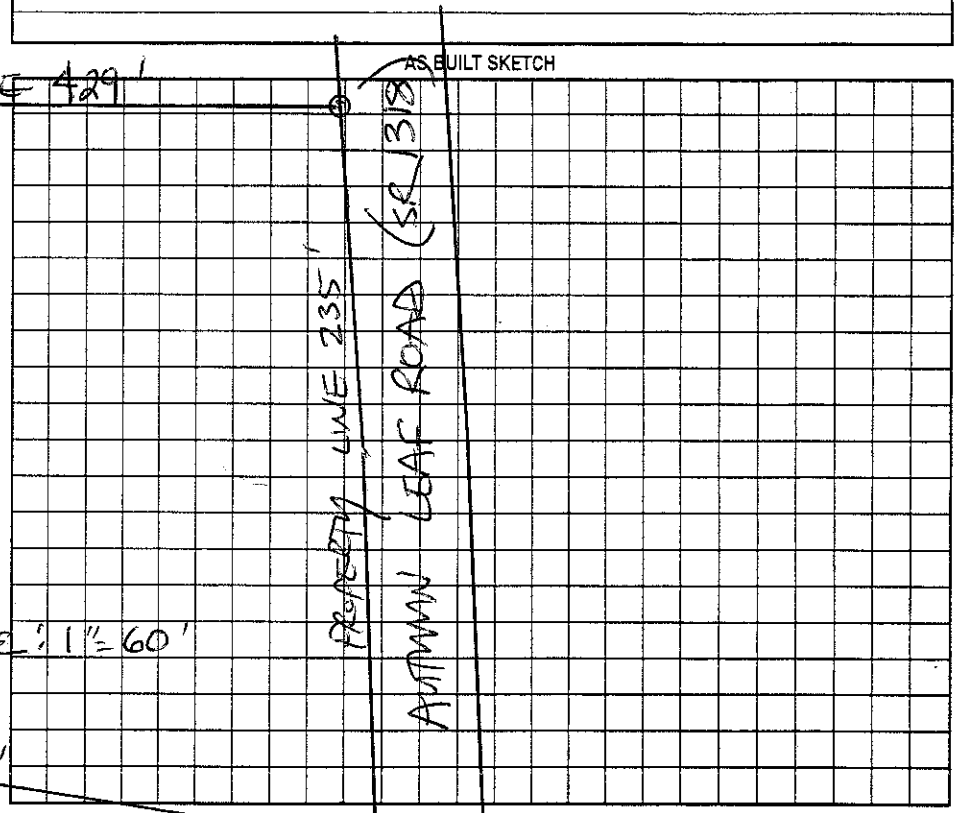
Comments:/Conditions: ① INSTALL LINES ON CONTOUR AS FLAGGED ② AN "ACCEPTED" SYSTEM MAY ALSO BE USED.

Comments:/Conditions: Blue Tuff Tite

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 10-17-05 Installed by: Rowan Septic

Improvement Permit by: STEVE HEDRICK date 10-17-05 Operation Permit by: _____ date 11-16-05

Authorization to Construct by: STEVE HEDRICK date 10-17-05 Existing System Inspection by: _____ date _____

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