IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 4-16-98

OWNER OR CONTRACTOR Tony Cornacchione PHONE: Business _____ Home 873-1728

ADDRESS 157 Wintergreen Circle

LOCATION I-77 N TR Amity Hill TL Moose Club TL Duck Creek TL Wintergreen

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 1.25 acres SITE CLASS. PS DESIGN FLOW ~~480~~ L.T.A.R. 135

Septic Tank: EX 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 720 Linear Feet 240

No Lines 2 Trench Width 72" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

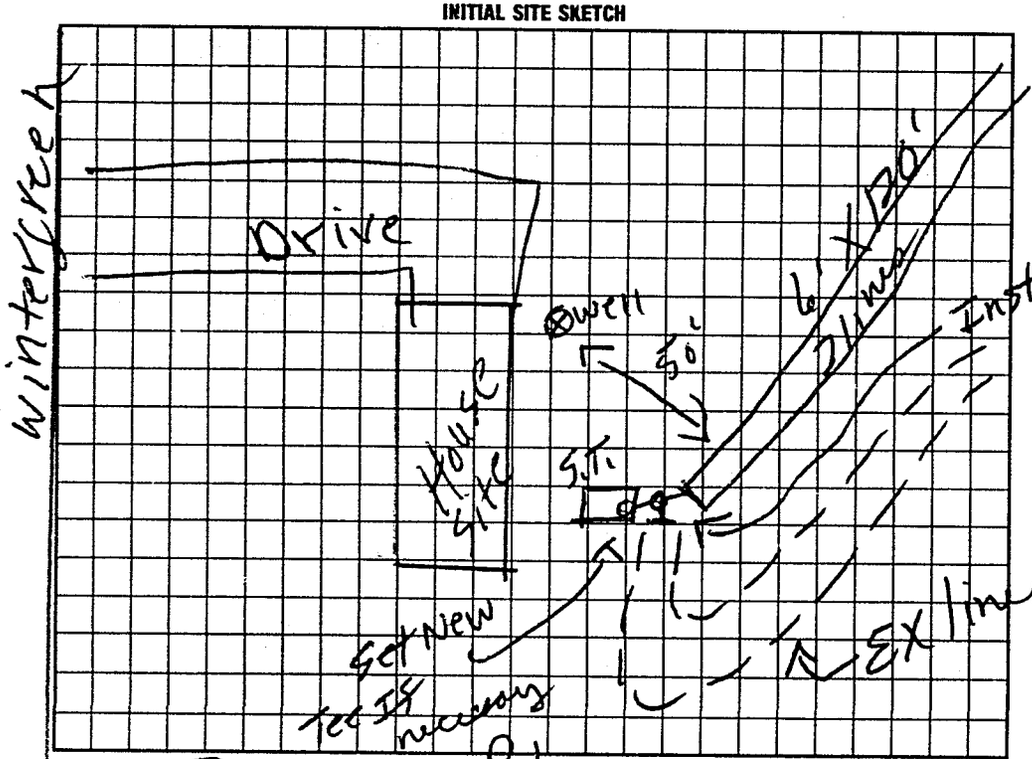
Comments:/Conditions:

P.L.

Comments:/Conditions:

New Drain lines are on No. 1 on valve

INITIAL SITE SKETCH



AS BUILT SKETCH

Trees with Fibrous Root systems should be Removed from area of Drain lines

PL

I understand that this 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: Tony Cornacchione date _____ Installed by: Barry Sigmon

Improvement Permit by: E. C. Moore date 4-16-98 Operation Permit by: E. C. Moore date 6-1-98

Authorization to Construct by: E. C. Moore date 4-16-98 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

1800