IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS (1) ISSUED 6-25-2003

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

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

PERMIT# 113277 PIN# (#63) 4762-87-6389 & 4762-87-6289 (#62) DATE 1-27-05

OWNER OR CONTRACTOR ROBERT BASSANI PHONE: Business % 704-528-3337 Home 607-278-5544

ADDRESS BOX 191, DAVENPORT NY 13750

LOCATION US 70 EAST TR BETHESDA RD, TL CORNFLOWER RD, TR LOG CABIN RD, 8TH & 9TH LOTS ON LEFT

SUBDIVISION PINE TREE ACRES BLOCK / SECTION ____ LOT 63/62 LOT AREA 200X431' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GAL/FT

Septic Tank: 1000 Gallons; STB 1012 Date 7-16-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ TO 1440 Linear Feet 360

No Lines FIVE 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: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

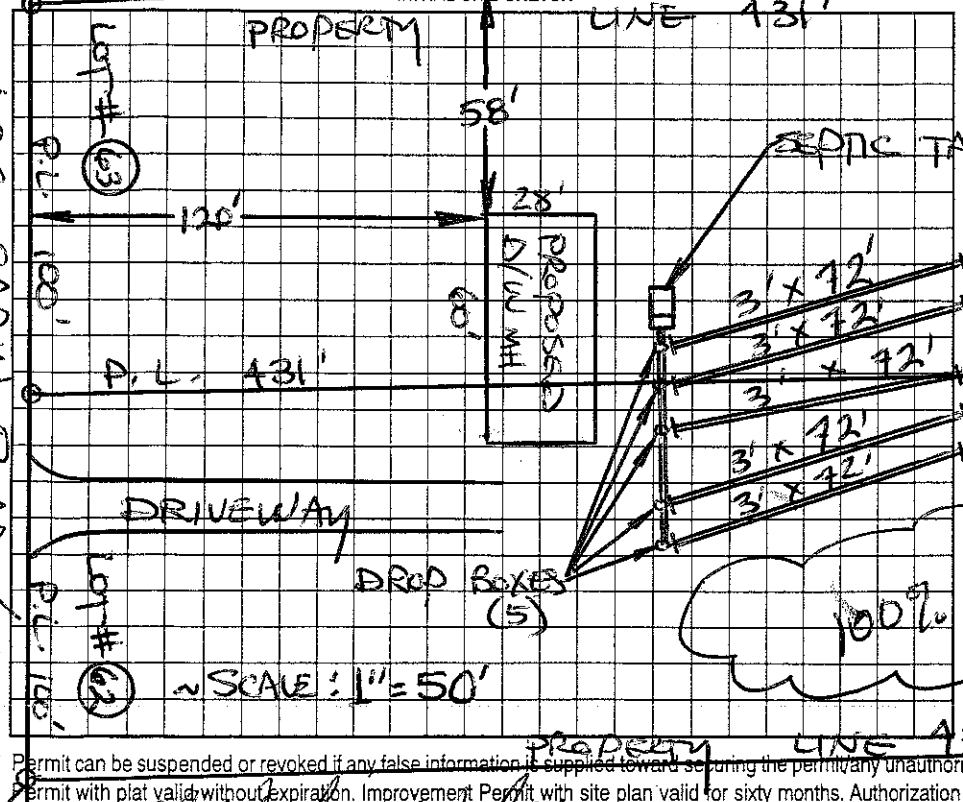
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

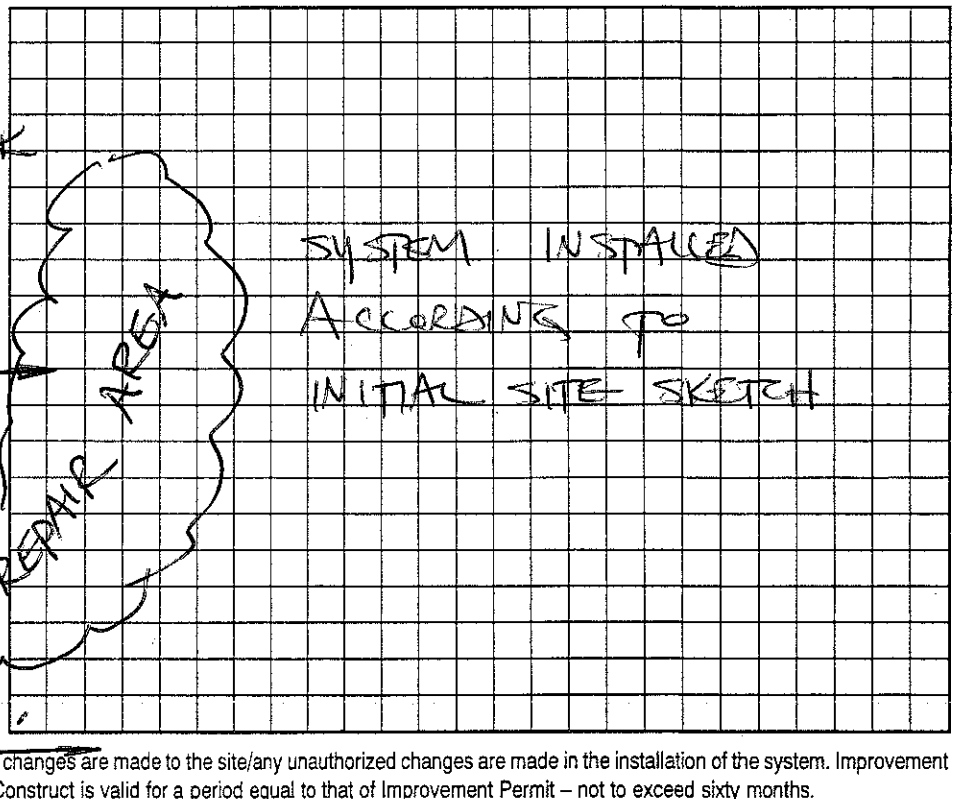
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED. KEEP SYSTEM MINIMUM 100 FEET FROM ANY WELL.

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER (2) SYSTEM INSTALLED DURING WET SOIL CONDITIONS

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: X Christopher Weller date 1-27-05 Installed by: ESKER ELDER

Improvement Permit by: STEVE HEDRICK date 1-27-05 Operation Permit by: STEVE HEDRICK date 1-31-05

Authorization to Construct by: STEVE HEDRICK date 1-27-05 Existing System Inspection by: ____ date ____

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