CI CI

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104185 PIN# 4766-34-0337 DATE 02-19-02

OWNER OR CONTRACTOR DIANE MARSHALL PHONE: Business _____ Home 518-237-9918

ADDRESS 19101 FIRST STREET 2ND FLOOR TROY, NY 12180

LOCATION HWY 64 E, ⑥ OLD MOCKSVILLE, ⑧ CHESTNUT, ⑧ ALLEN CREEK

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 15 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .13

Septic Tank: 1000 Gallons: STB 1012 Date 10-5-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1600' Linear Feet 533'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes X No

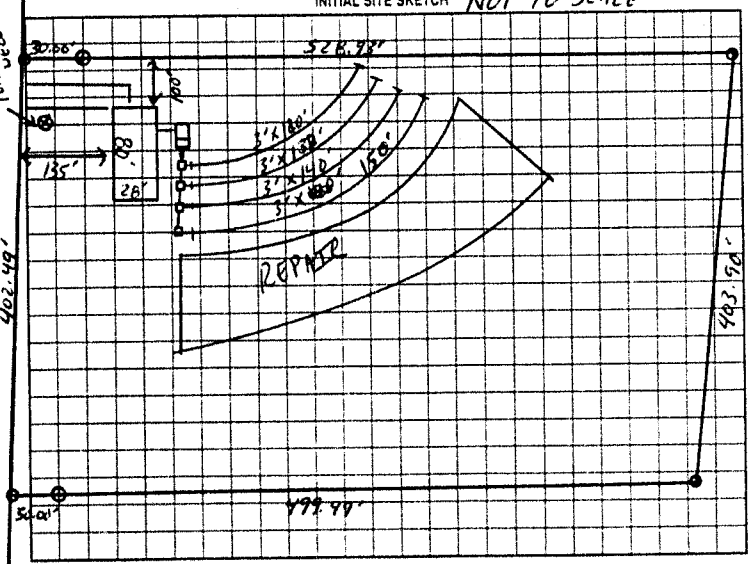
X House/Mod. Home No. Bedrooms 4
X Mobile Home (SW) mobile No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community
WELL

Comments/Conditions: ① KEEP WELL 100' AWAY ② INSTALL LINES ON CONTOUR ③ MAINTAIN SETBACKS

Comments/Conditions: POLYLOK FILTER & MARKER INSTALLED AS SHOWN

INITIAL SITE SKETCH "NOT TO SCALE"




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 2-19-02 Installed by A-1 BACK HOE

Improvement Permit by: _____ date 02-19-02 Operation Permit by: _____ date 02-19-02

Authorization to Construct by: _____ date 02-19-02 Existing System Inspection by: _____ date _____

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