IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13279 PIN# 4776993148 DATE 11-29-05

OWNER OR CONTRACTOR James and Phyllis Carbone PHONE: Business _____ Home 704-546-5940

ADDRESS 184 Chadwick Lane Mocksville NC 27028

LOCATION 2W Chip Thomas 20 TR Chadwick RD lot - ½ mile on right

SUBDIVISION Gallery Downs BLOCK / SECTION _____ LOT 1 LOT AREA 1.541 SITE CLASS. RS DESIGN FLOW 450 L.T.A. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-06-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 1600 Linear Feet 267

No Lines 6 Trench Width 24" Max Trench Bottom Depth 30 Gravel Depth 12

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

System Description: Panels → Gravity

Repair System Description: Lop

Maintenance Agreement Required: ☐ Yes ☐ No None

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

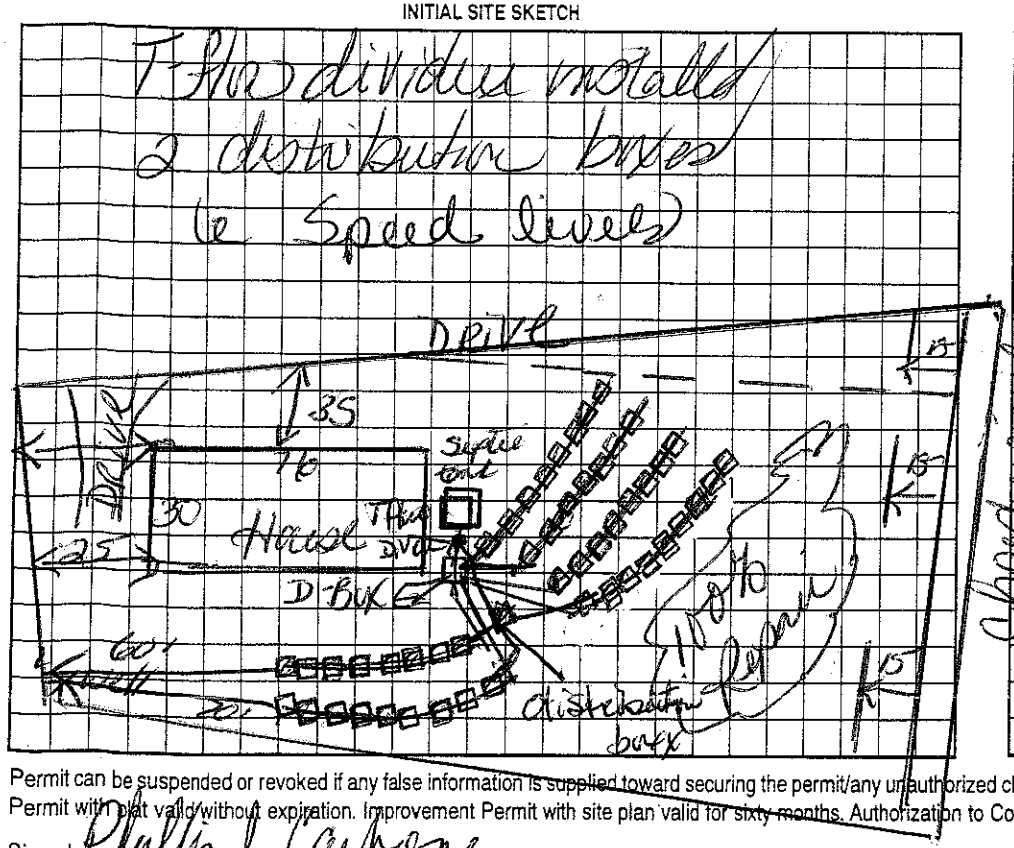
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions:

6e @ 45'

Comments/Conditions: Mantain all setbacks
install on contour
Yellow tag left by
Septic tank inspector

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: Phyllis J. Carbone date _____ Installed by: H I Backhoe

Improvement Permit by: Lee Cook date 11-29-05 Operation Permit by: Lee Cook date 12-1-05

Authorization to Construct by: Lee Cook date 11-29-05 Existing System Inspection by: _____ date _____

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