Site Address: 490 New Salem Rd

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (a) (d) MOORESVILLE 704-664-5281

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

PERMIT# 136178 PIN# 4774-25-1748 DATE 06/19/06

OWNER OR APPLICANT ~~COOL SPRING BUILDERS, INC~~ William Garcia PHONE: Business ~~336-399-5943~~ Home ~~704-883-0834~~ 814-860-6321

ADDRESS ~~PO BOX~~ 345 OLD MOCKSVILLE RD, STATESVILLE, NC 28625

LOCATION HWY 64 EAST, (R) NEW SALEM RD, ~1.5 MILES ON RIGHT.

SUBDIVISION NEW SALEM EST. BLOCK / SECTION ____ LOT 3 LOT AREA 0.566 AC. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons: STB ~~1000~~ 760 Date 2-15-10
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY, 25% REDUCTION
Repair System Description: GRAV., 25% REDUC.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

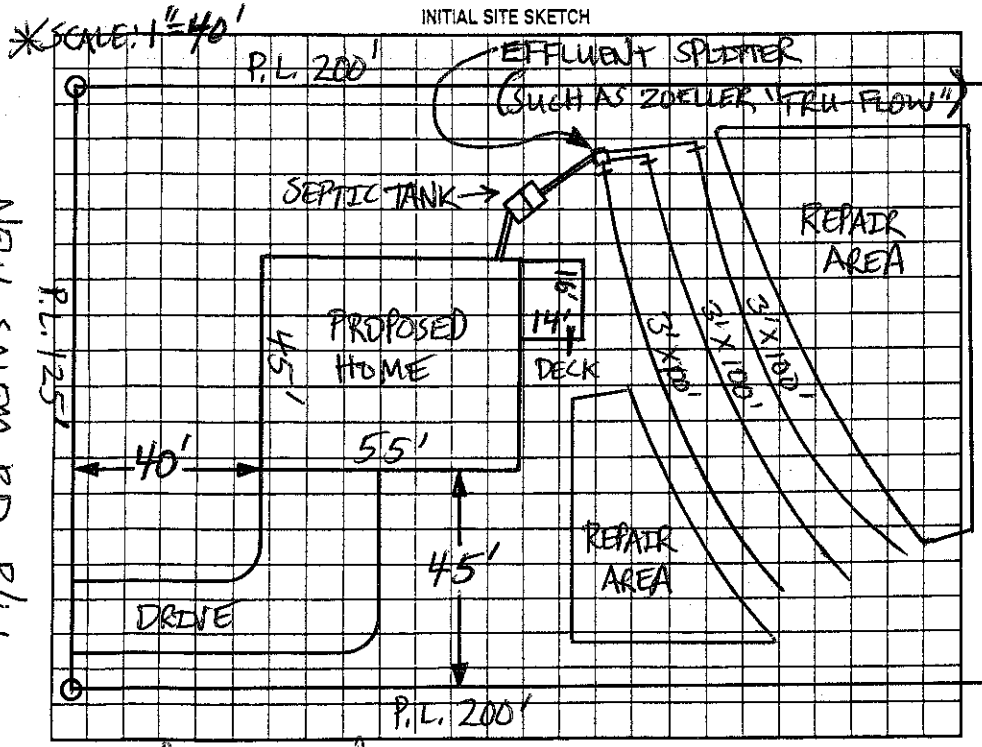
Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

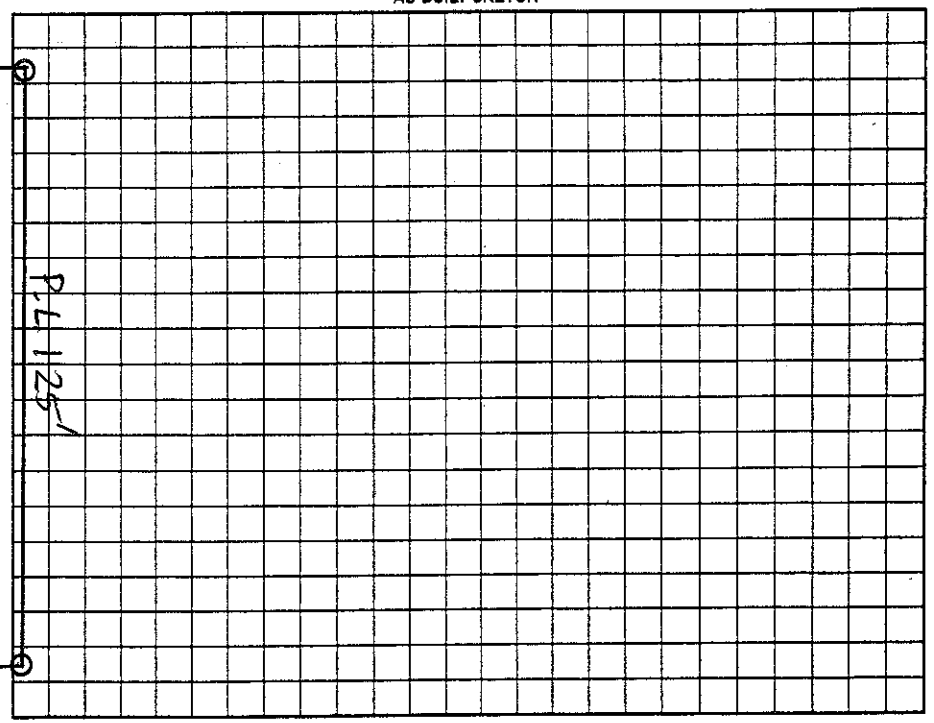
Comments/Conditions:

Comments/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: ____ date 6/16/06 Installed by: A-1 Backhoe

Improvement Permit by: ____ date 06/19/06 Operation Permit by: ____ date 6-16-10

Authorization to Construct by: ____ date 06/20/06 Existing System Inspection by: ____ date ____

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