IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# @ 143894 PIN# 478705563 140057 DATE 13 Sept 07

OWNER OR APPLICANT Jamie & Cindy Jones PHONE: Business _____ Home 518-786-0410

ADDRESS 12 Arnold Ave Latham NY 12110

LOCATION old Mocksville Road @ White Oak on left at intersection of White Oak and Old Spicy

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 5.0 AC SITE CLASS. 15 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 1011 Date 9-3-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1480 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 24

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Graded

Repair System Description: 25% Graded

Maintenance Agreement Required: ☐ Yes ☐ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

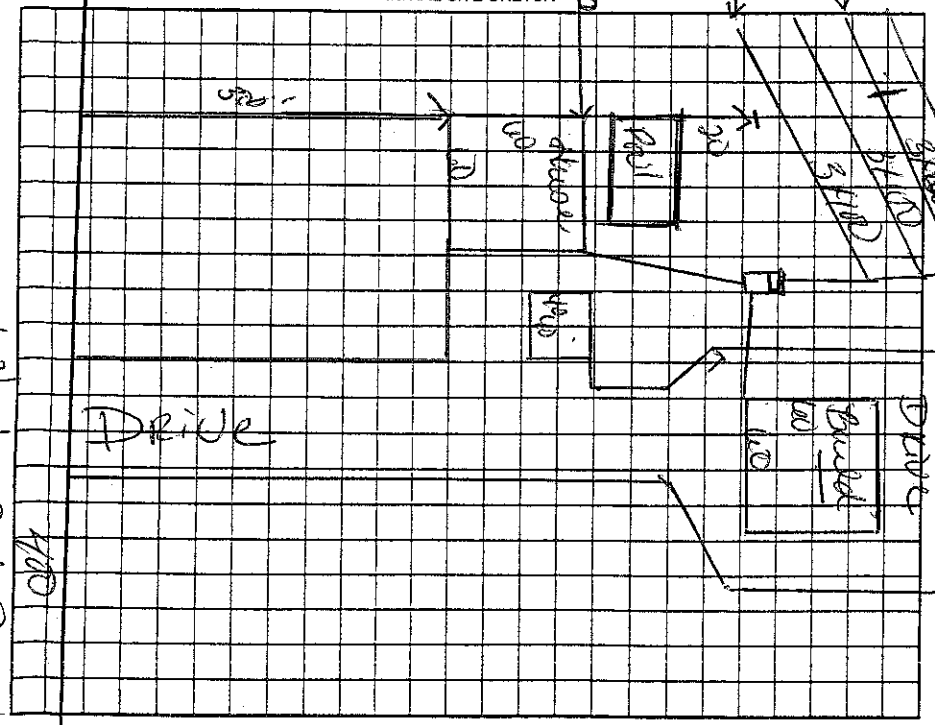
☒ Other Building/Shop

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions:

INITIAL SITE SKETCH

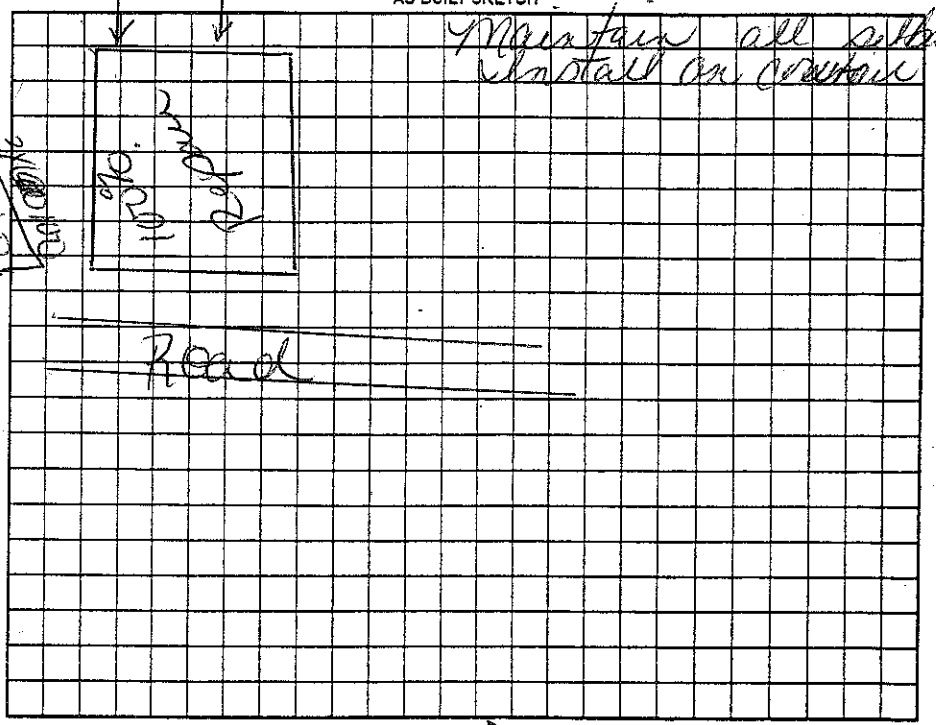


Comments/Conditions: * Rake side walls

* Supply line will need clean outs according to code

* Maintain all setbacks Install on contour

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: * Dan Abernathy date _____ Installed by: 2&S Grading

Improvement Permit by: Kelly Cook date 13 Sept 07 Operation Permit by: Kelly Cook date 9-24-07

Authorization to Construct by: Kelly Cook date 13 Sept 07 Existing System Inspection by: _____ date _____

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