IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 97823 PIN# 4787 23 60 30 DATE 2-17-00

OWNER OR CONTRACTOR Nancy Ayers PHONE: Business _____ Home 873 2955

ADDRESS 119 Abruzzo Ln

LOCATION 64E to Coolspring Rd cross I-40 1/4 mi on left Cornor Abruzzo

SUBDIVISION Abruzzo Property BLOCK / SECTION I LOT 4 LOT AREA 1.72 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 1312 Date 7.31.99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Conv. Gravity
Repair System Description: Gravity 25% Red.
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

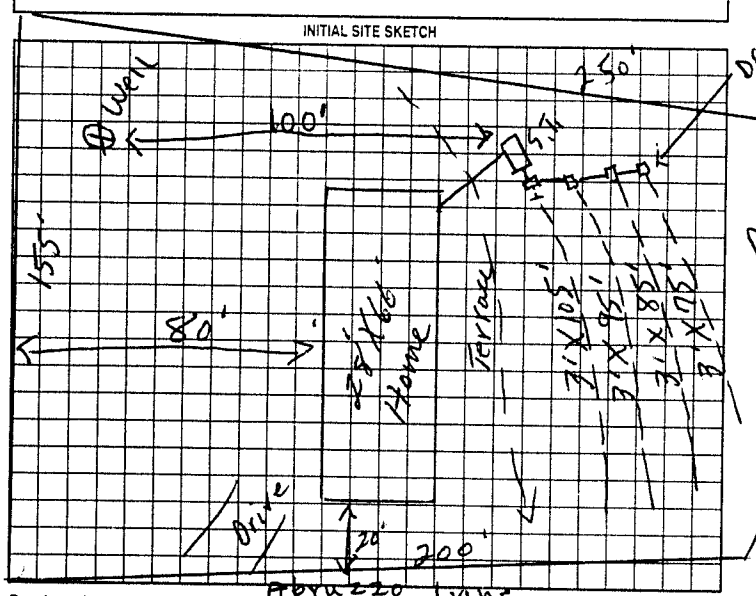
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

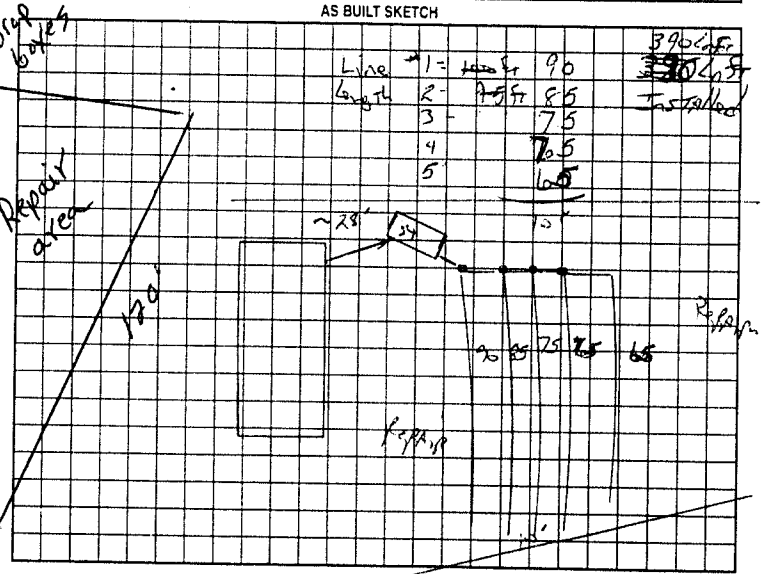
Comments/Conditions:

Comments/~~Conditions~~: System Flagged over Property Line
Area For Repair minimum + will Require 50% Reduction if Poss. Use 5 Lines Installed

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 Nancy Ayers date _____ Installed by: Custom Fabrication

Improvement Permit by: D.C. Moore date 2-17-00 Operation Permit by: _____ date March 14 2000

Authorization to Construct by: D.C. Moore date 2-17-00 Existing System Inspection by: _____ date _____

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

Coolspring Rd