ELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180128

VEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4853105727

NT: Capote Builders APPLICANT ADDRESS: 5421 Capote Rd.

SITE ADDRESS: 1749 W Memorial Hwy PHONE: 704-400-5481 ALT. PHONE: N/A

SITE DIRECTIONS: I-77 N to exit #65 TL Hwy 901 Property on Left across from Homestead Rd.

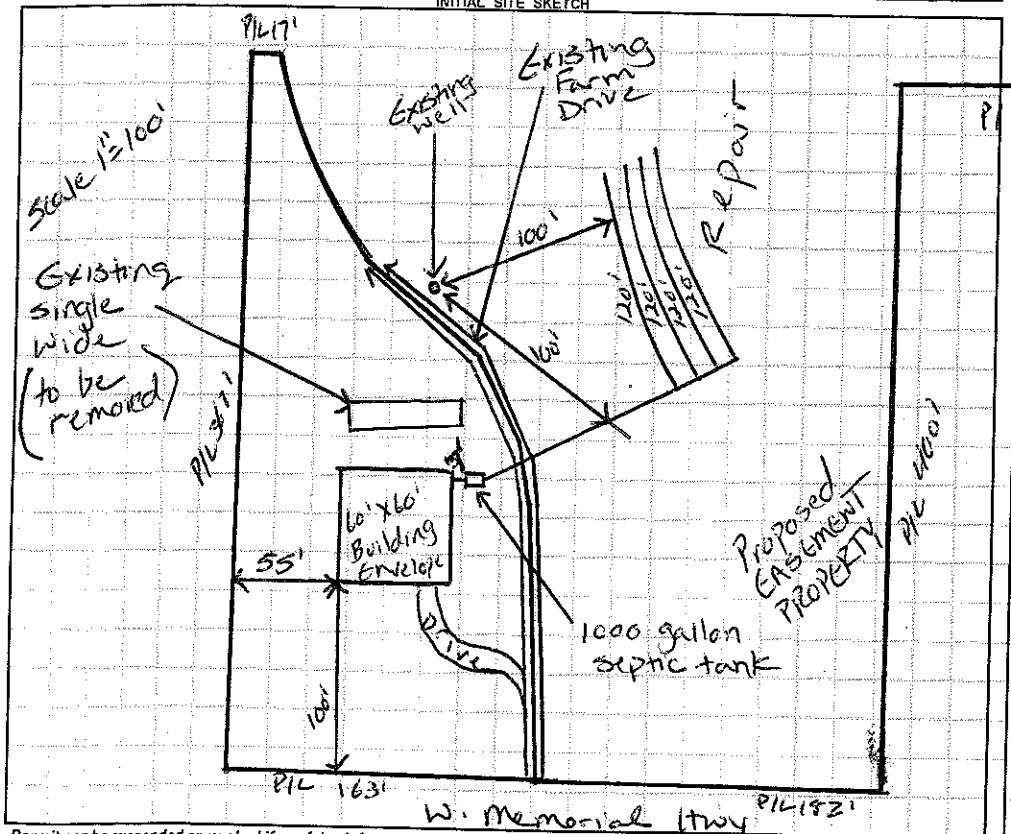
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.00 acre DESIGN FLOW: 480gpd L.T.A.R.: 0.125

Septic Tank	1000 (gal)	STB	760	Date	9-24-13	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description: 25% Reduction	☐ Business	No. Persons	
Pump Make	N/A	Model	Poly lok	Serial #	PL-68	Repair System Description: 25% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4	Linear Ft:	480	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	28"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Improvements ONLY & Submit recorded Septic easement prior to issuance of CA! Install a 25% Reduction system on contour with serial distribution. Maintain a minimum 100' between Existing well and all components of septic tank system & repair area. Encase collection sewer in ductile iron or equivalent under existing farm drive unless 30" of compacted cover over pipe is maintained.

INITIAL SITE SKETCH



AS BUILT SKETCH

Infiltrator Quik 4 installed as drawn 01/31/14

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 9-25-13 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Justin Henderson Date: 9-17-13 OPERATION PERMIT by: David A. Lee Date: 01/31/14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 11-19-13 Existing System Inspected by: _____ Date: _____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK