IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091762 PIN# 3785 79 1325 DATE 9-18-00

OWNER OR CONTRACTOR LORENA GOMEZ PHONE: Business Home 876-6841

ADDRESS 964 SNOW CREEK ROAD, STATESVILLE NC 28625

LOCATION I-40 W, TR OLD MTN. ROAD, TL COUNTY LINE RD., TL JORDAN CREST LANE, 4TH LOT ON RIGHT

SUBDIVISION VICTORIA'S LOMK BLOCK / SECTION II LOT 31 LOT AREA 27,405 ft² SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 8/30/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300'

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II (III) IV. V. VI

System Description: 25% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

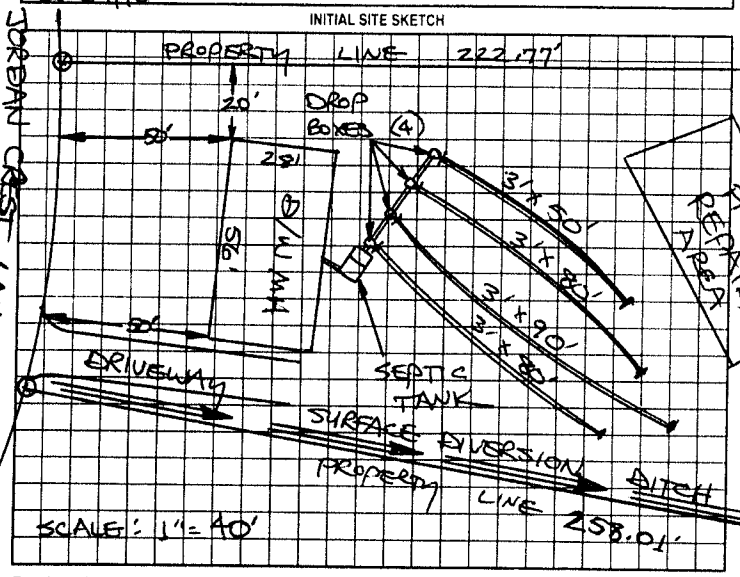
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

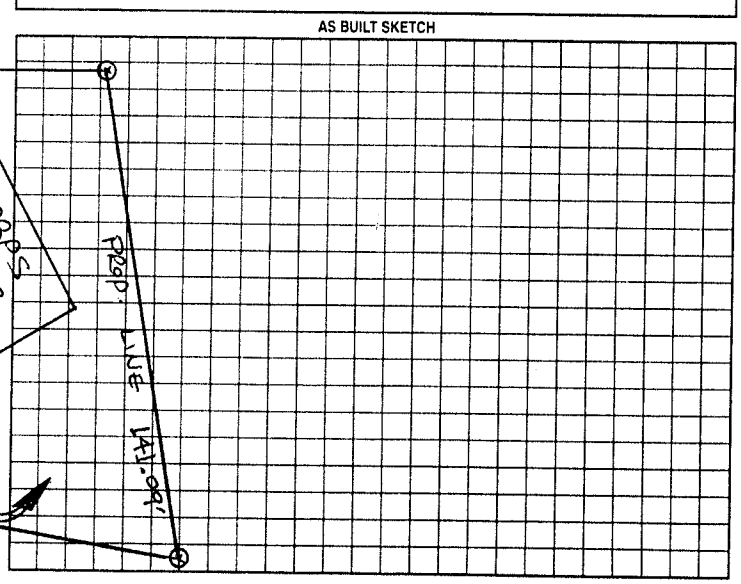
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM USING 50 CHAMBERS OR 30 HDS SECTIONS. ② CONSTRUCT SURFACE DIVERSION DITCH AT LOCATION

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: Dennis Gallihar date Sept 19 00 Installed by: A-1 Back hoe

Improvement Permit by: STEVE HEDRICK date 9-18-00 Operation Permit by: RST date 9/28/00

Authorization to Construct by: STEVE HEDRICK date 9-18-00 Existing System Inspection by: ____ date ____

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