IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082548 PIN# 3797515116 DATE 7-9-99

OWNER OR CONTRACTOR Ramiro Vargas PHONE: Business _____ Home 585-2513

ADDRESS 134 Greg Ln

LOCATION I-40 W TR 90 W to 'New' 64 W TL 2nd Lackey Farm Rd TR Greg Ln TR at Cul de sac on (12)

SUBDIVISION Green Valley BLOCK / SECTION _____ LOT 5 LOT AREA .77ac± SITE CLASS. P/S DESIGN FLOW 480 L.T.A.R. 0.35

Septic Tank: 1000Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230

No Lines 2 Trench Width 36in Max Trench Bottom Depth 24in

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

System Description: Gravity Conventional/

Repair System Description: Pump Pipe/ 50% reduc

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms 4

X Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

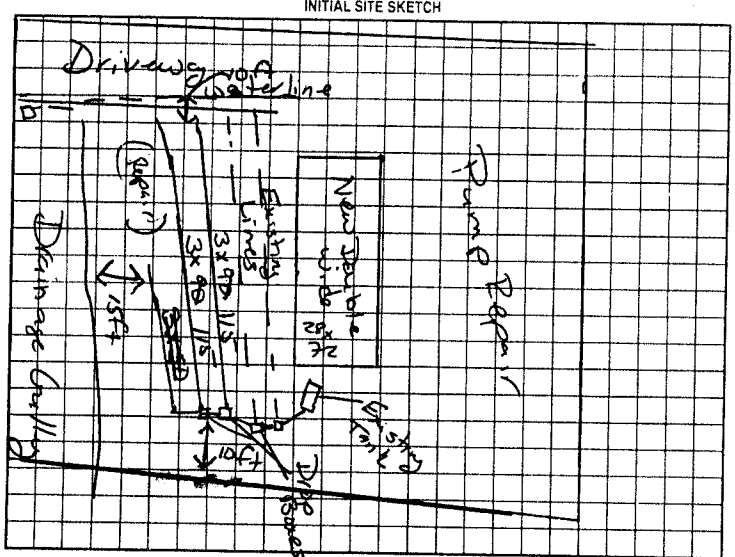
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: ① Keep Footers 5ft from system ② Install 3 lines on contour No deeper than 24in

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: Ramiro Vargas date 7/13/99

Improvement Permit by: Mel Coffey RS date 7-13-99

Authorization to Construct by: Mel Coffey RS date 7-13-99

Installed by: ~~Excavated~~ A-1 Backhoe

Operation Permit by: Mel Coffey RS date 7-29-99

Existing System Inspection by: _____ date _____

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