IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138442 PIN# 4646098917 DATE 10/23/06

OWNER OR APPLICANT Pedro Joya Joy A Pedro PHONE: Business _____ Home _____

ADDRESS 213 Regency Rd

LOCATION B S R L T Canvasback Rt Regency - House end on left

SUBDIVISION Regency Lake BLOCK / SECTION D LOT 2 LOT AREA _____ SITE CLASS. #5 DESIGN FLOW 120gpd L.T.A.R. .5gpd/ft²

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 300 Linear Feet 100

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☒ Gravity ☐ Pressure

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

System Description: GRAVITY - 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

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

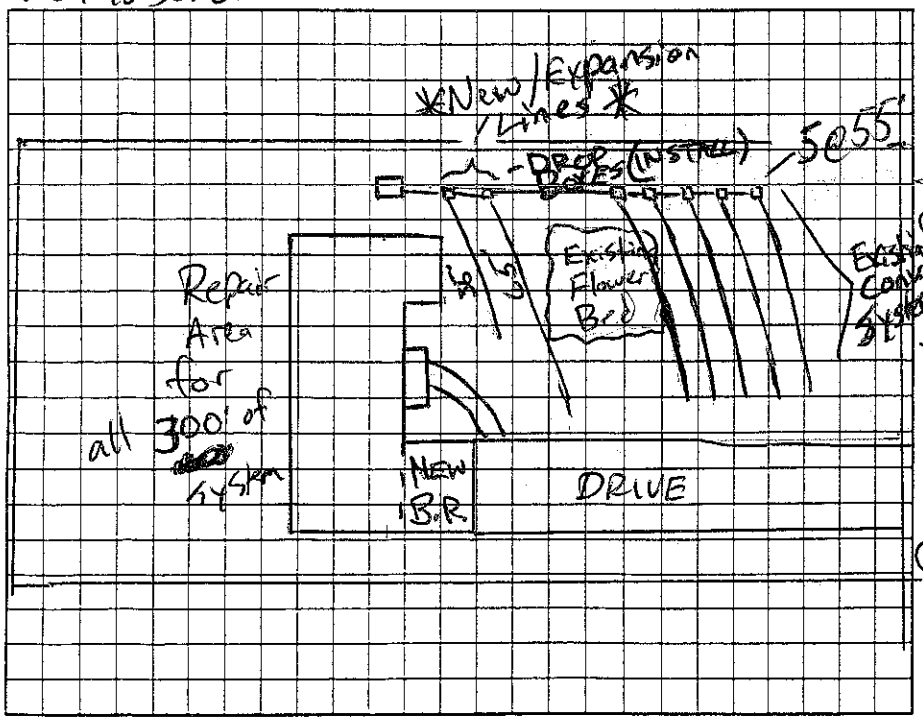
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Expansion to House requires 100' added to existing Drainfield - could not find distribution box(es) for existing system - install 2 drop boxes off of existing supply line

Comments:/Conditions: Remove portion of flower/tree bed that covers existing drain lines to allow proper functioning

NOT TO SCALE

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: Pedro Joya date 10-24-06 Installed by: _____

Improvement Permit by: Joseph E Alley date 10/23/06 Operation Permit by: _____ date _____

Authorization to Construct by: Joseph E Alley date 10/23/06 Existing System Inspection by: Joseph E Alley date 10/23/06

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