IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176105 DM

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

PIN # 4646-21-4059

APPLICANT: MARK BENITEZ APPLICANT ADDRESS: 115 RAINBOW RD.

SITE ADDRESS: SAME PHONE: 828-246-9086 ALT. PHONE:

SITE DIRECTIONS: ALCOVE, CATALWA, RAINBOW

SUBDIVISION: CATALINA COVE SECTION: B LOT # 15 LOT AREA: .506 AC DESIGN FLOW: L.T.A.R.:

Septic Tank EXISTING (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft:
Trench Width Max. Trench Bottom Depth EXISTING Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVEL BED
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms
☐ Business No. Persons
☒ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

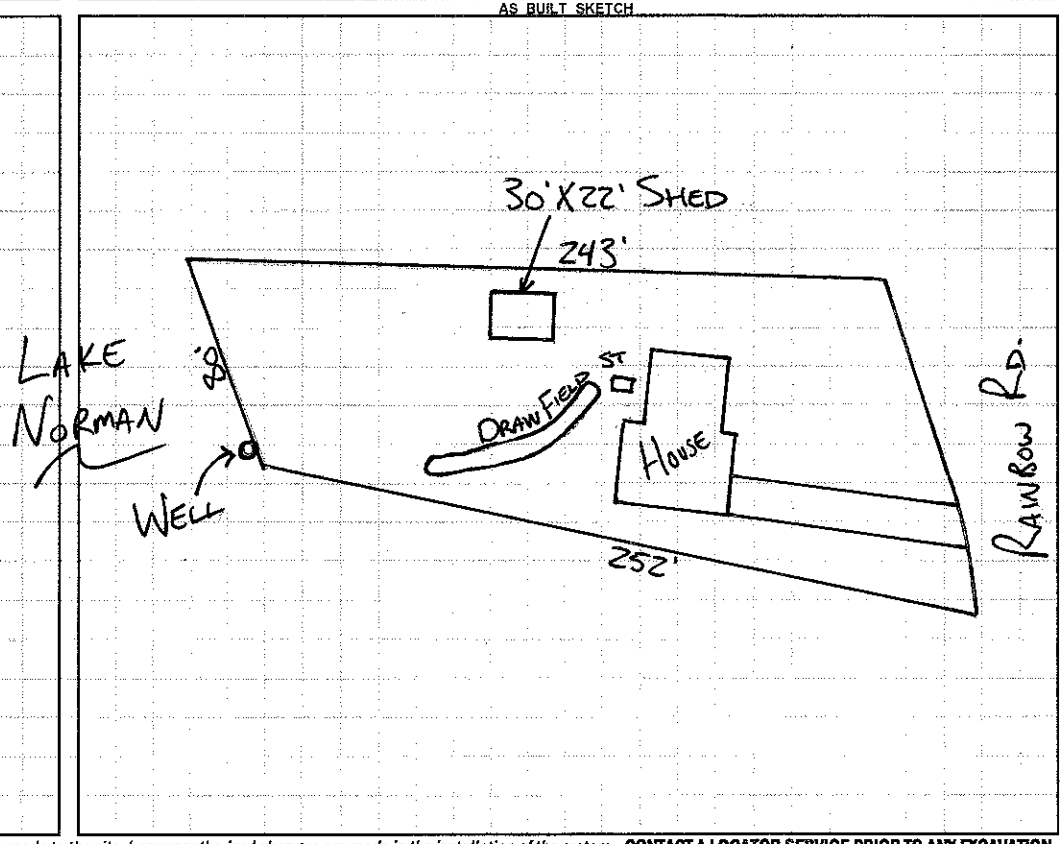
Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions:

SHED

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. **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: 1-4-13 Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 1-2-13

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