IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (01) MOORESVILLE 704-664-5281

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

PERMIT# 1167694 PIN# 4702-85-7045 DATE 11-26-03

OWNER OR CONTRACTOR ARTURO RAMOS PHONE: Business _____ Home 709-929-6884

ADDRESS 129 DESIREE DRIVE, STATESVILLE, NC 28677

LOCATION US 70 W, TL EUFOLA ROAD, TR DESIREE DRIVE, MH ON LEFT AT BOX # 129

SUBDIVISION SHENANDOAH BLOCK / SECTION _____ LOT 5 LOT AREA 0.5 ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. P 576 Linear Feet 144

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" 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, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

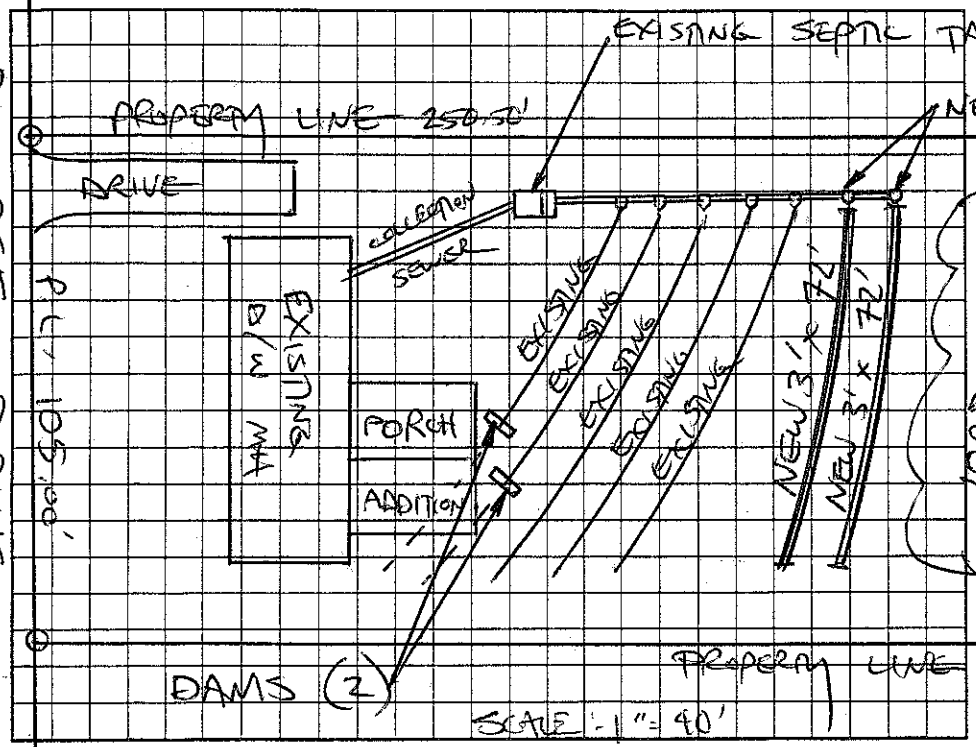
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

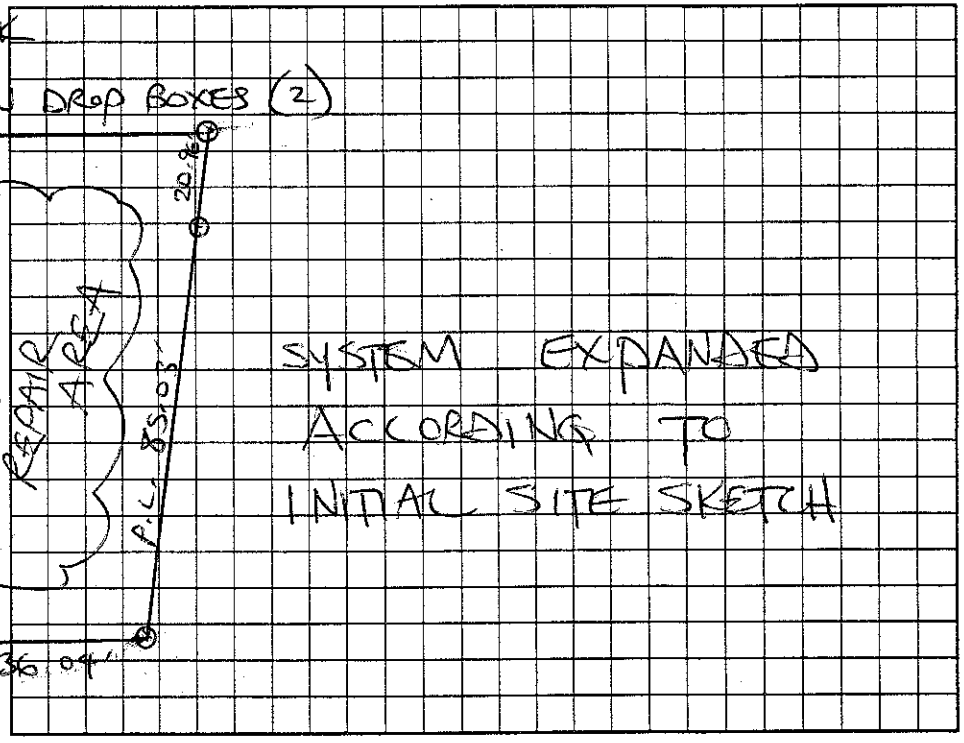
Comments:/Conditions: ① DIG INTO EXISTING UPPER TWO DRAINLINES AND REPLACE WITH A CLEAN PACKED CLAY AT LOCATIONS SHOWN ② INSTALL 25% REDUCTION SYSTEM AT LOCATION SHOWN ON CONTOUR USING SERIAL DISTRIBUTION

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: _____ date 11/26/03 Installed by: STEVE JORDAN

Improvement Permit by: STEVE HEDRICK date 11-26-03 Operation Permit by: STEVE HEDRICK date 1-14-03

Authorization to Construct by: STEVE HEDRICK date 11-26-03 Existing System Inspection by: _____ date _____

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