# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (1)

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

PERMIT# 135436 PIN# 4705-68-3442 DATE 5-26-06

OWNER OR APPLICANT FRANCISCO JAVIER OSORIOS PHONE: Business _____ Home 704-924-6713

ADDRESS 108 HAPPY ACRES DRIVE, STATESVILLE, NC 28625

LOCATION US 64 WEST, TL LIPPARD FARM ROAD, TR HAPPY ACRES DRIVE 2ND LOT ON RIGHT

SUBDIVISION HAPPY ACRES BLOCK / SECTION _____ LOT 2 LOT AREA ~90' X 175' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines 1 BED Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

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

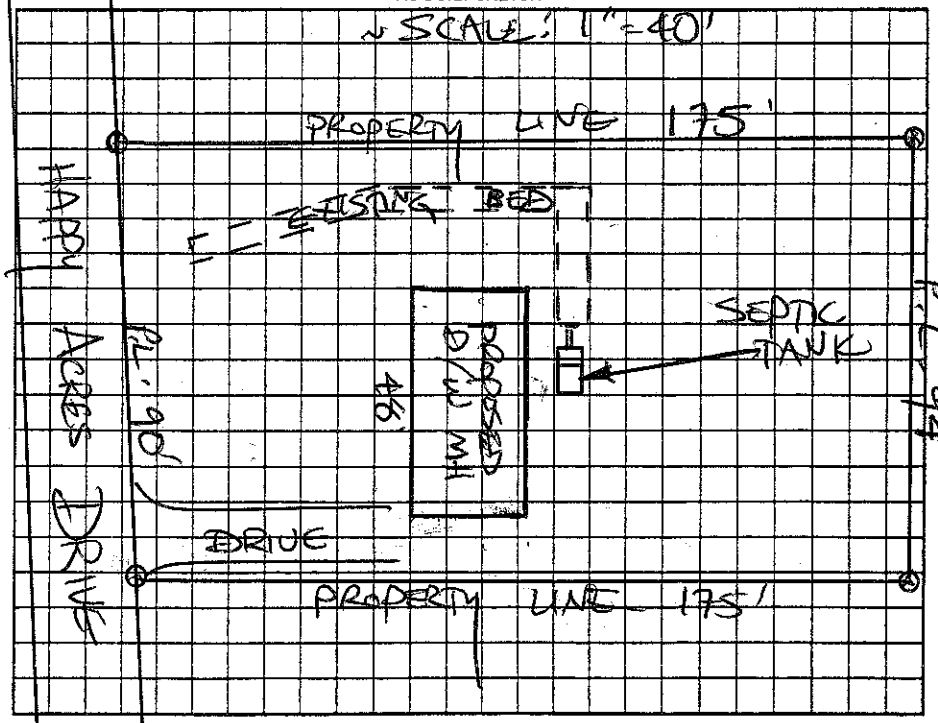
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: SYSTEM UNDERSIZED ACCORDING TO TODAYS STANDARDS

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 5-26-06

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