1100

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177785

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

PIN # 4706416504

APPLICANT: Catarino Guerrero APPLICANT ADDRESS: 205 Odell Rd.

SITE ADDRESS: 205 Odell Rd. PHONE: 704-402-8295 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 90 W TL Odell Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.5 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 224

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description:

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

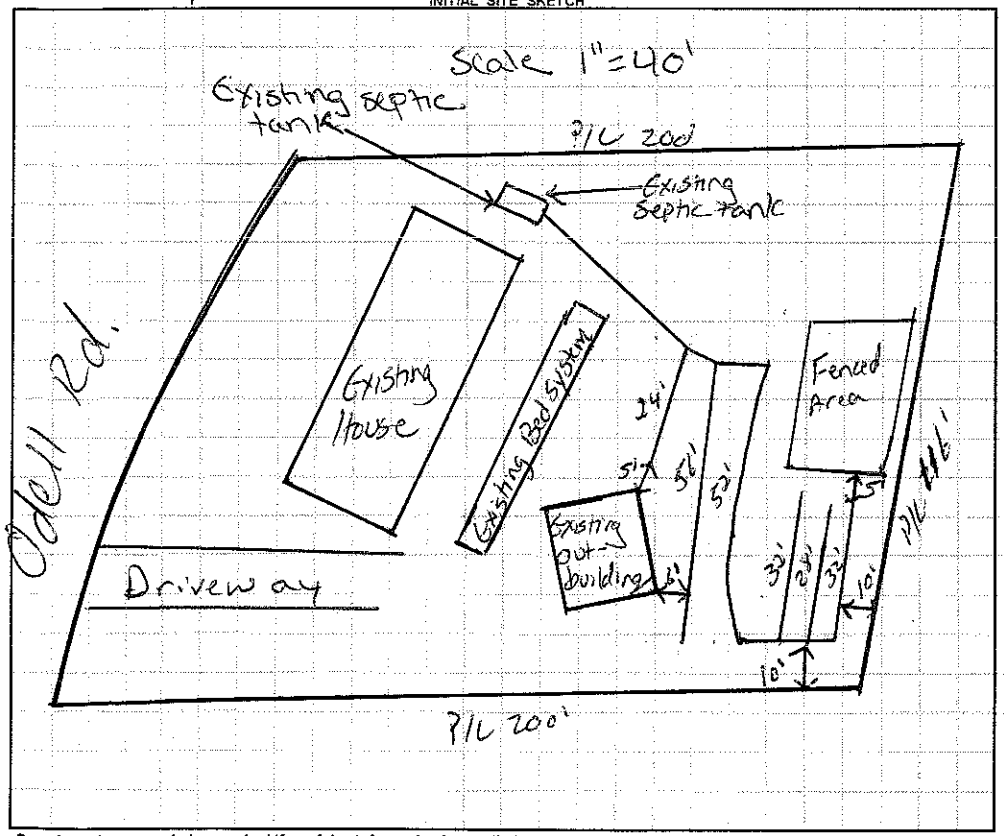
☐ Private

☑ Public

☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Replace septic tank and/or Tee if needed. Remove any trees necessary for installation.

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: Irene Forest Date: Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Justin Henderson Date: 4-17-13 OPERATION PERMIT by: Date: 5-10-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 4-17-13 Existing System Inspected by: Date:

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