IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088519 PIN# 4707562827

OWNER OR CONTRACTOR Michael Jon Rios PHONE: Business _____ Home 385-6823 DATE March 24, 00

ADDRESS 170 ABNER ROAD Stony Point 28678

LOCATION 115 N. Ft. Mitchell Road ~5 miles TR ABNER 2nd drive on Right - across from Ken Fern Loop

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.2 ac SITE CLASS _____ DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines EXISTING Trench Width _____ Max Trench Bottom Depth _____

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

System Description: EXISTING

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth _____ ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home DW No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

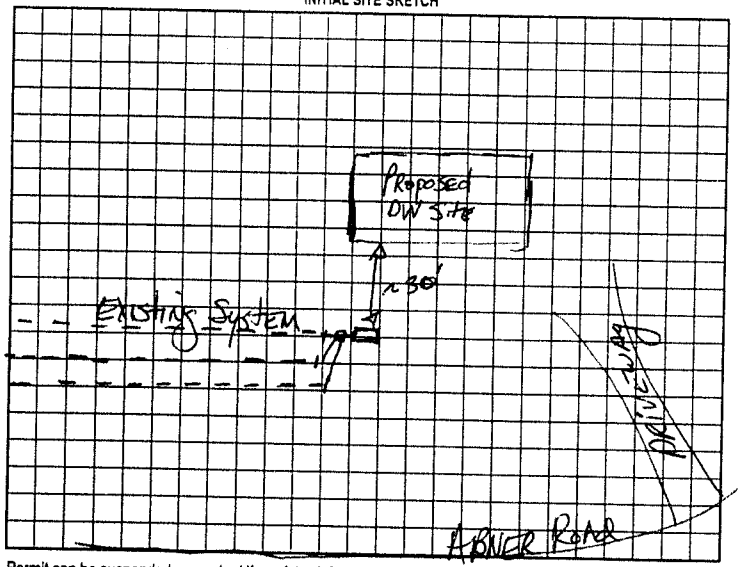
☐ Business No. Employees ____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

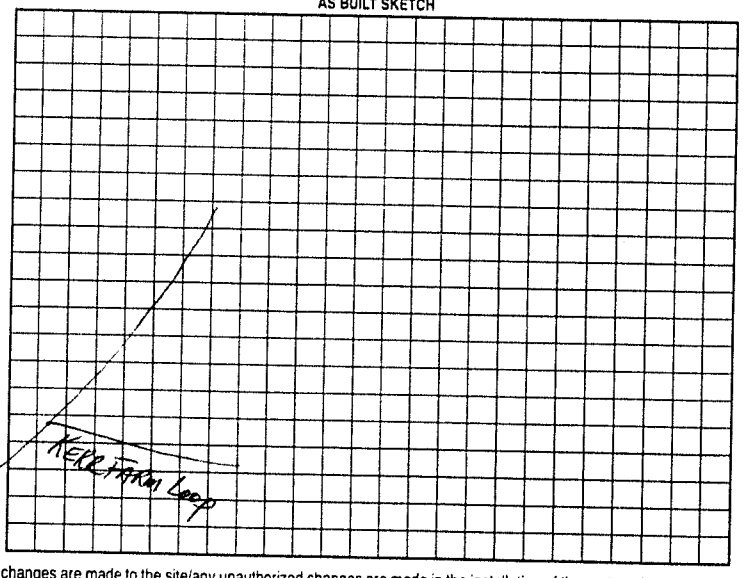
Comments:/Conditions: EXISTING

INITIAL SITE SKETCH



Comments:/Conditions: Existing septic system showing NO signs of malfunction @ Need extra soil cover over lowest lateral, especially END.

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: Walter R. Hinson, RS date 3-24-00

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