CF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118476 PIN# 4712-97-7151 DATE 5-14-07

OWNER OR APPLICANT LEDRIEL ALCANTARA PHONE: Business 704-929-9574 Home 704-878-9677

ADDRESS 117 DESIREE DR STATESVILLE NC 28677

LOCATION BUFFALO SHOALS WEST (R) LOMET TRAIL AT END ON LEFT

SUBDIVISION BADGER CREEK BLOCK / SECTION 2 LOT 5 LOT AREA 5.93 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 8-26-01
Pump Tank: 1000 Gallons; PT 788 Date 1-2-07
Pump Make: 2 DELUXE Model BN-97 Serial No.
Nitrification Field: No Fields 1 Square Feet EQ=1920' Linear Feet 480'
No Lines 6x80' Trench Width 36" Max Trench Bottom Depth 18"

(X) New System ( ) Repair ( ) Expansion System Type: I (II) III IV V VI
System Description: GRAVITY 25 REDUCTION
Repair System Description: PUMP CONVENTIONAL
Maintenance Agreement Required: ( ) Yes (X) No

(X) House/Mod. Home ( ) Mobile Home ( ) Business ( ) Other
No. Bedrooms 4 No. Persons 8 No. Employees

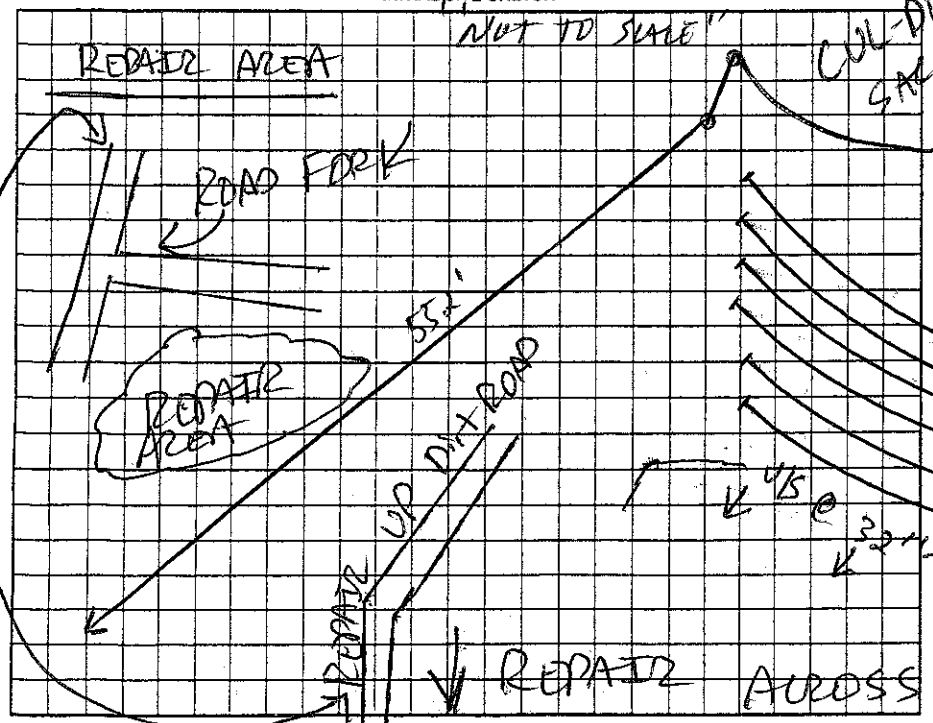
Water Supply: (X) Individual ( ) Public ( ) Community

Gravel Depth N/A (X) Gravity ( ) Pressure ( ) Slab (X) Crawl Space ( ) Basement w/plumbing ( ) Basement wo/plumbing

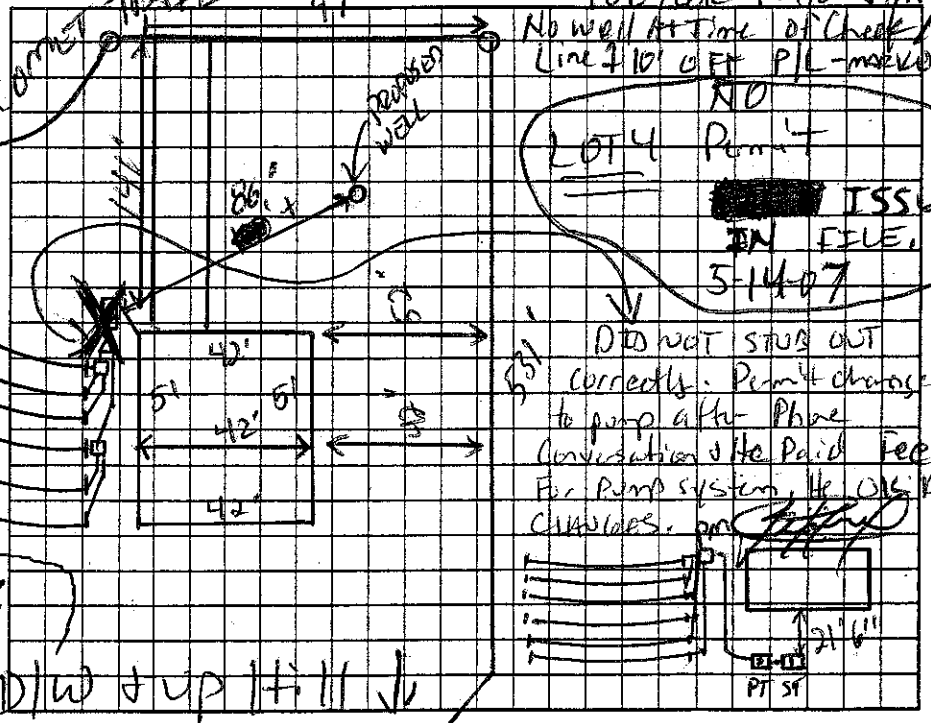
Comments/Conditions: (1) STUBOUT THROUGH GARAGE 6" ABOVE NATURAL GRADE TO ACHIEVE GRAVITY SYSTEM. IF NOT PUMP WILL HAVE TO BE USED (2) NOTE MAXIMUM TRENCH BOTTOM DEPTH IS 18" (3) INSTALL 1 FLOW

Comments/Conditions: DIVIDER TEE + 2 DIST. BOX'S WITH SPEED LEVELERS AS DRAWN. (1) HOUSE WAS STAKED OUT + CONSULTATIVE VISIT WITH OWNER + ST INSTALLER WAS MADE.

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 5-15-07 Installed by: JAMES KNOWLES

Improvement Permit by: _____ date 5-14-07 Operation Permit by: _____ date 5-14-07

Authorization to Construct by: _____ date 5-14-07 Existing System Inspection by: _____ date _____

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