IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4705-98-8127 4715180274 DATE 4-4-05

OWNER OR CONTRACTOR JOSE LORENZO CRUZ PHONE: Business (704) 878-2213 Home (704) 873-3522

ADDRESS 115 BRIDGE MILL CT. STATESVILLE NC 28625

LOCATION I-40W TR HWY 90W TL VILLAGE POINT DR TL BRIDGEMILL CT. AT END OF CUL-DE-SAC

SUBDIVISION VILLAGE POINT BLOCK / SECTION ____ LOT 37 LOT AREA 0.63 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 50

No Lines 1 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 24" SAND

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

System Description: ____

Repair System Description: GRAVITY PANEL 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

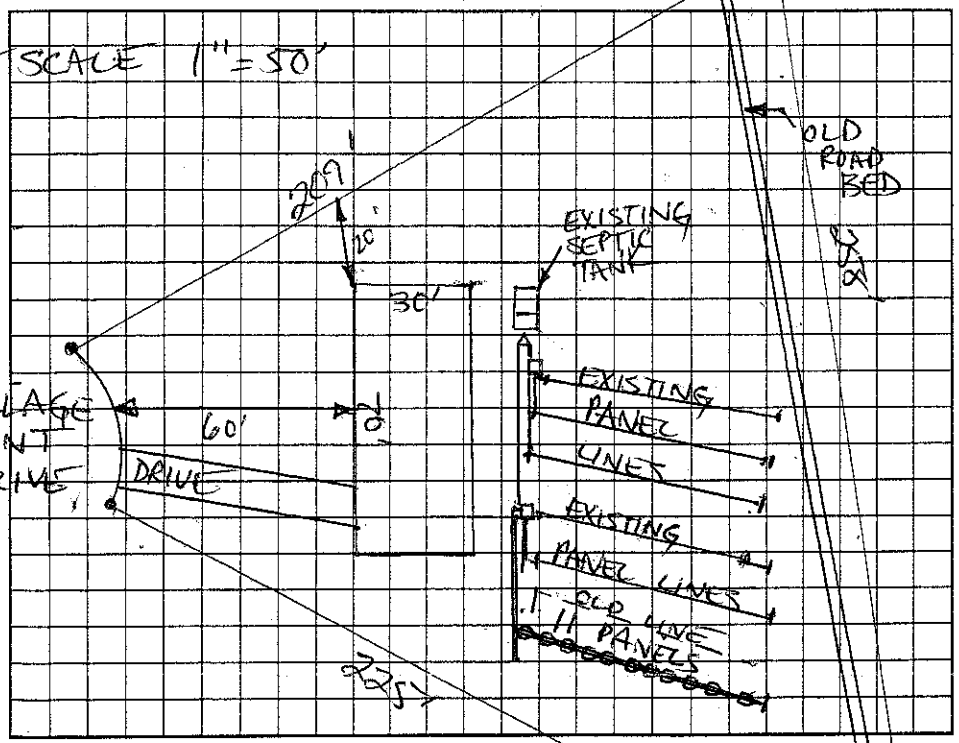
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: ① INSTALL REPAIR ON CONTOUR ② MAINTAIN SETBACKS ③ RECOMMEND NOT DRIVING OVER SYSTEM TO PREVENT ~~FUR~~ DESTROYING OF SYSTEM AND FUTURE FAILURES ④ SERVES AS 30-DAY NOV EXPIRING 4-18-05

Comments:/Conditions: ⑤ INSTALL 11 PANELS TOTAL ON CONTOUR ⑥ RAKE & LIME TRENCHES ⑦ READJUST SPEED LEVELERS

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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 4-14-05 Installed by: C & S GRADING

Improvement Permit by: ____ date 4-4-05 Operation Permit by: STEVE HENDRICK date 9-15-05

Authorization to Construct by: ____ date 4-4-05 Existing System Inspection by: ____ date ____

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