IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15321 PIN # 4715-28-2079 DATE 18 MAY 09

OWNER or APPLICANT Juan Arevalo PHONE: Business (704) 873-2216 Home: (704) 872-0447

OWNER or APPLICANT ADDRESS 156 Odell Rd. Statesville

LOCATION / DIRECTIONS Taylorsville Hwy - Turn onto Tarlton Rd. First lot on Left in corner.

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 2.2 Ac. DESIGN FLOW 360 g/dy L.T.A.R. 0.3 g/ft²/d

Septic Tank 1000 Gallons: STB 1012 Date 4-10-09

Pump Tank _____ Gallons: P.T. _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300

Trench Width 30" Max. Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: 50% 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: Follow contour / Honor setback requirements. / * Do not drive over system area.

Comments / Conditions: Acc 36 3603BD2 Braddock 5' long Red Tip tile Septic Marker

INITIAL SITE SKETCH

* Please see attached 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 w / plat valid without expiration* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

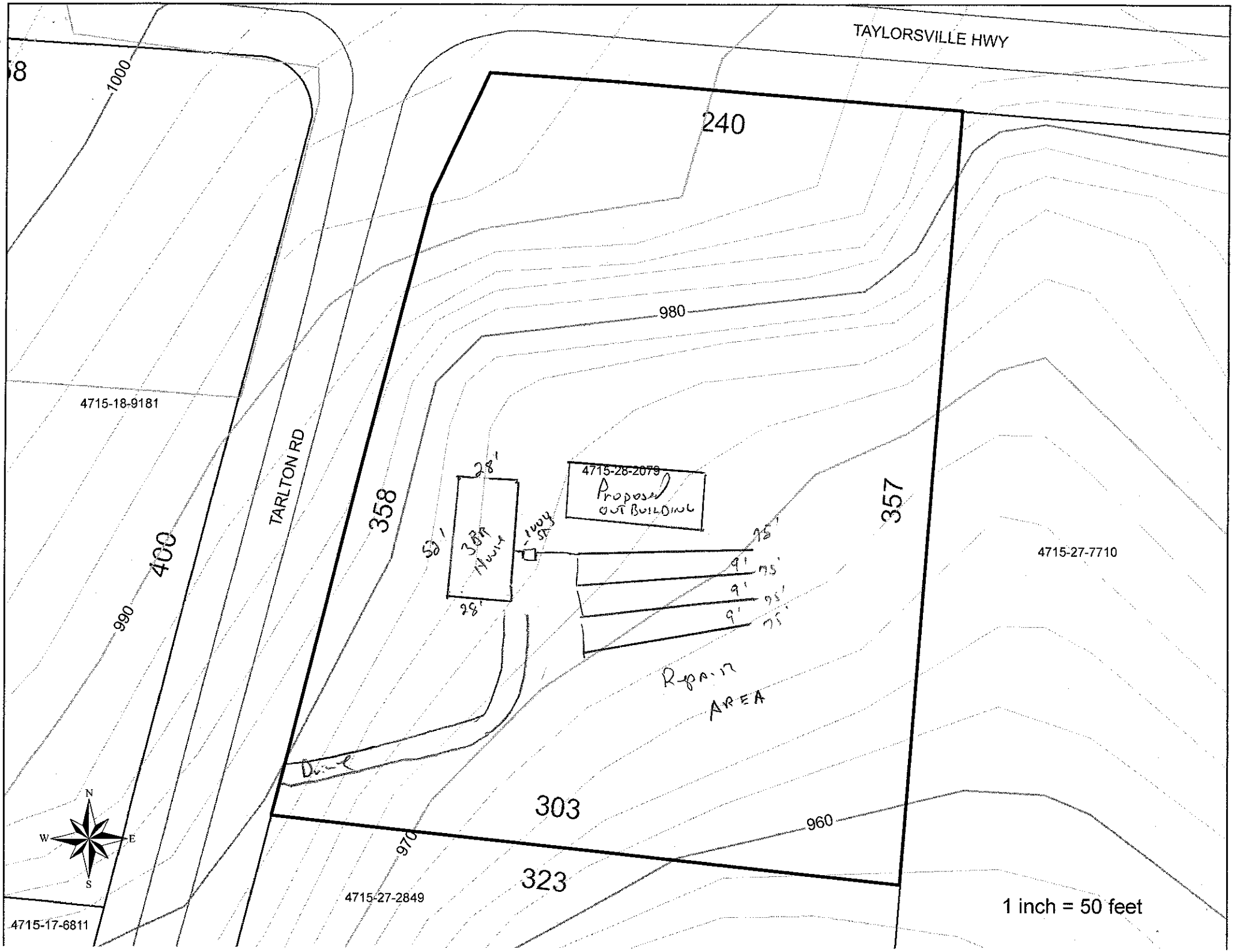
Owner / Applicant Signature: _____ Date 06-02-09 Installed by: Grand Breaker

Improvement Permit by: _____, R.S. Date 18 MAY 09 Operation Permit by: _____ Date: 7-6-09

Authorization to Construct by: _____, R.S. Date 2 June 09 Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant


TAYLORSVILLE HWY
1000
240
980
4715-18-9181
TARLTON RD
400
990
358
357
28'
53'
38R
HWY
4715-28-2079
Proposed
OUT BUILDING
75'
9'
75'
9'
95'
9'
75'
RPAIR
AREA
4715-27-7710
303
960
970
323
4715-27-2849
4715-17-6811
N
W
E
S
1 inch = 50 feet