#181780 Clyde + Lapina Pierce

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083838 PIN# 4717 73 9917

OWNER OR CONTRACTOR ROSALIO ULLOA

ADDRESS 302 HOLLAND DR APT A, PHONE: Business ______ DATE 10-4-99

LOCATION NC 115 NORTH, TL MIDWAY ROAD, 2.2 MILES ON LEFT STATESVILLE, NC 28677 Home 878-6316

SUBDIVISION MTN. VIEW EST. BLOCK / SECTION ______ LOT 36 LOT AREA 1.14 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 10-10-99
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

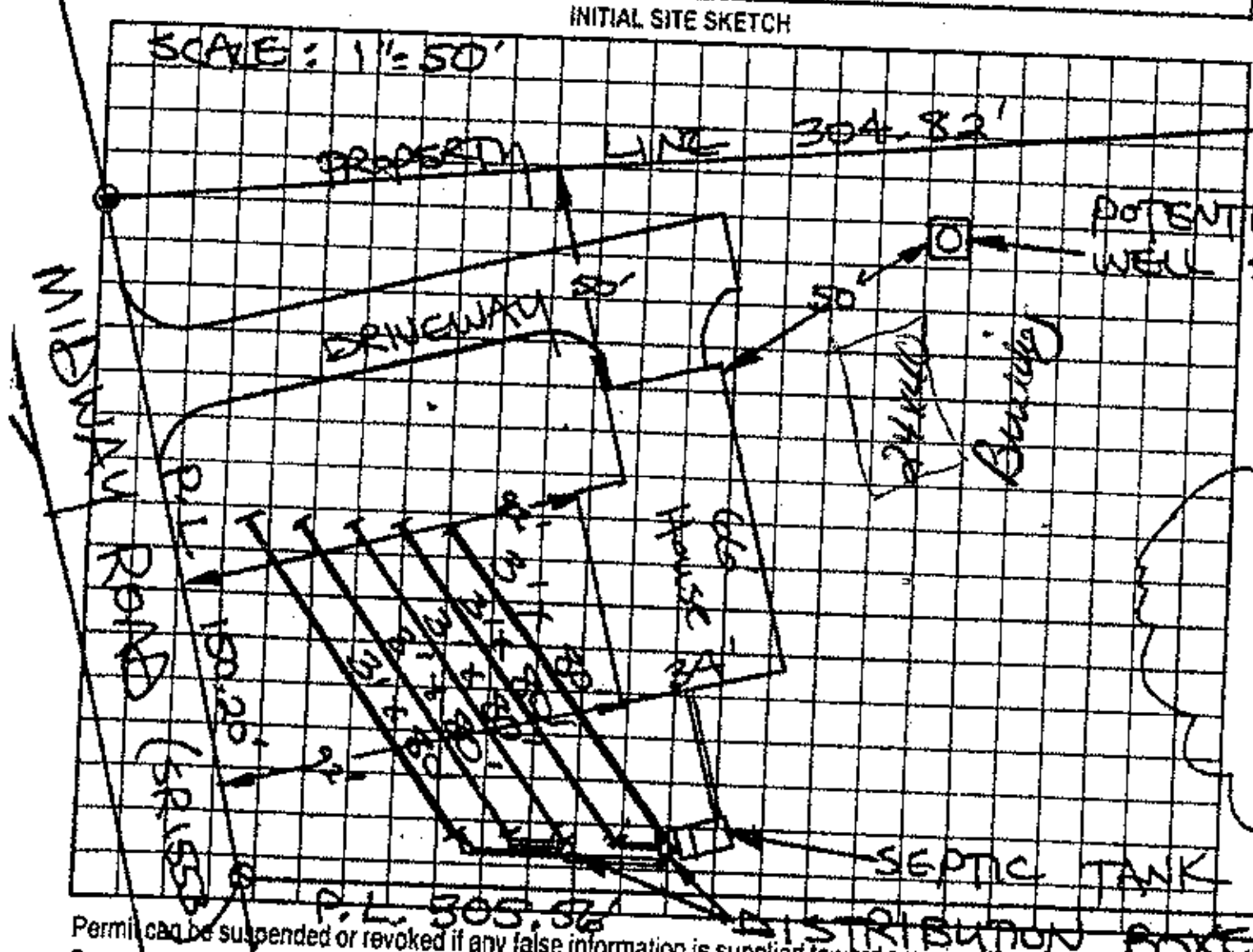
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3
No. Bathrooms 2
No. Employees ______

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

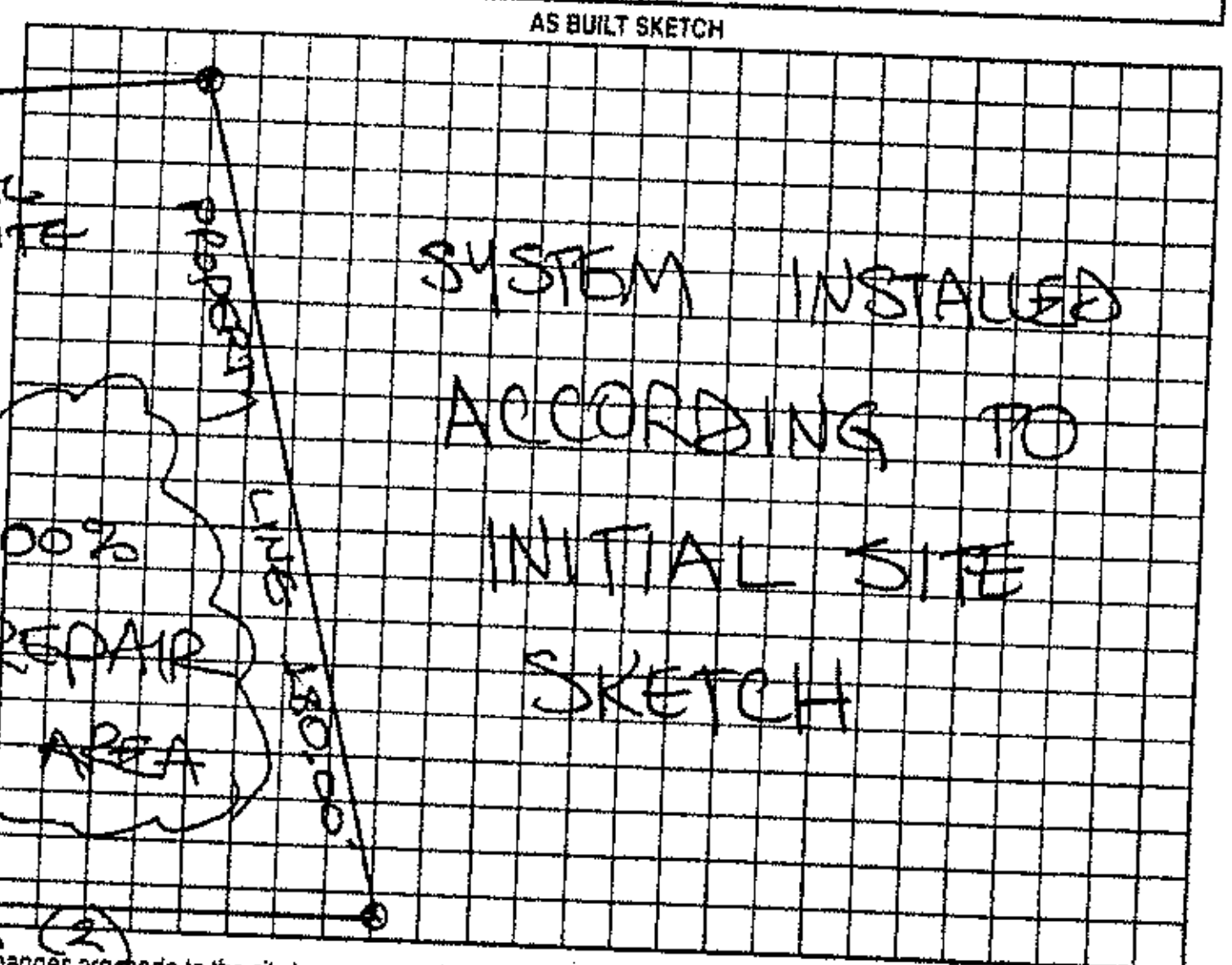
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

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: Rosalio Ulloa date 10-4-99

Improvement Permit by: STEVE HEDRICK date 10-4-99

Authorization to Construct by: STEVE HEDRICK date 10-4-99

Installed by: STEVE JORDAN

Operation Permit by: STEVE HEDRICK date 1-13-00

Existing System Inspection by: ______ date ______

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

Location of the proposed Accessory Building **addition does not appear to impact the existing ~~on-site~~** Well **septic system.**NOTE:** NEEDS to be 25' minimum from

[signature] **REHS**

Date: 11-7-13

ICHD-Environmental Health Division