This permit voids previously issued permit dated 2/24/04

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (a) MOORESVILLE 704-664-5281

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

PERMIT# 118475 PIN# 4722-07-5166 DATE 8/17/04

OWNER OR CONTRACTOR Rafael Alcantara PHONE: Business – Home (704) 883-5896

ADDRESS 121 Desiree Drive Statesville, N.C. 28625

LOCATION (1) R South, (2) Buffalo Shoals, (3) Comet Trail, (4) R lot #3

SUBDIVISION Badger Creek BLOCK / SECTION 1 LOT 3 LOT AREA 3.38 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 794 Date 2-17-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 4x133 Trench Width 36 Max Trench Bottom Depth 36

☒ New System ☐ Repair System Type: ☐ I, II, III, IV, V, VI
System Description: 25% Reduction Gravity
Repair System Description: 3 Area
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

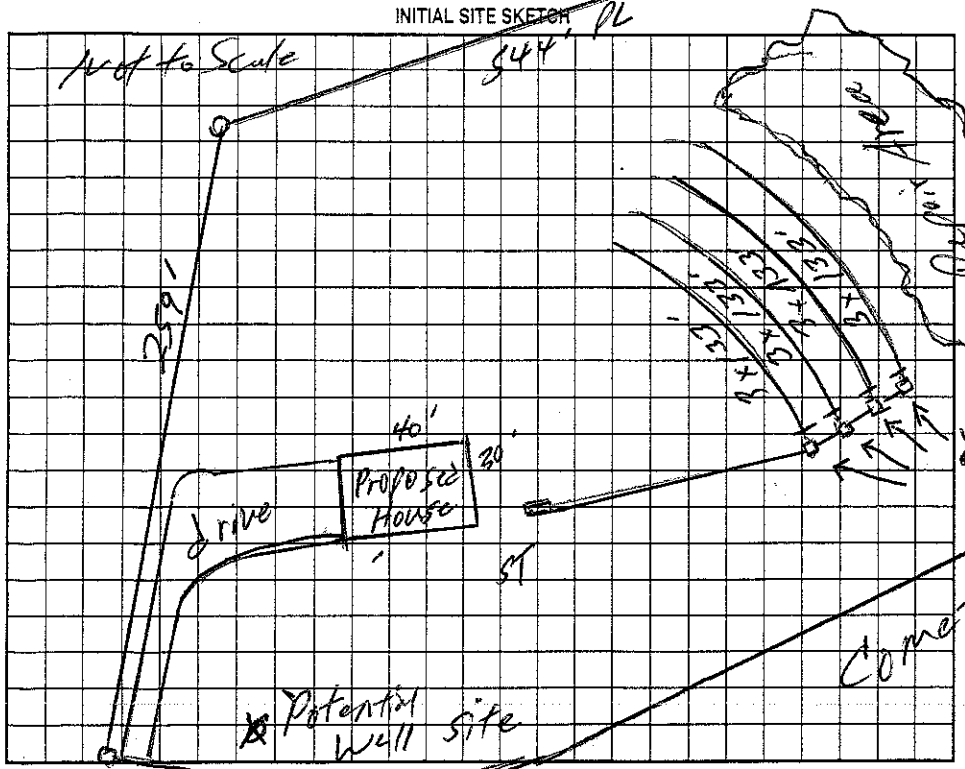
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
1. Install lines on Contour
2. Maintain proper setbacks

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

AN "ACCEPTED" SYSTEM WAS INSTALLED USING 100 "QUICK 4" INFILTRATOR CHAMBERS IN FOUR LINES.

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: [signature] date 8/18/04 Installed by: TUCKER'S HAULING & GRADING

Improvement Permit by: William O. Johnson date 8/17/04 Operation Permit by: STEVE HEDRICK date 3-7-06

Authorization to Construct by: William O. Johnson date 8/17/04 Existing System Inspection by: ____ date ____

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