# 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# 4723-66-2359 DATE 7-25-03

OWNER OR CONTRACTOR RAUL ORTEGA PHONE: Business 704-924-8600 Home 704-500-3511

ADDRESS 115 TOWER DRIVE, STATESVILLE, NC 28677

LOCATION US 70 W, TL AIRPORT RD, TR 2ND PARKER LAKE LOOP, TL DELIGHT LP, TR TOWER DR, 4TH DWELLING ON LEFT

SUBDIVISION LAKEWOOD EST BLOCK / SECTION ____ LOT 39 LOT AREA 0.41 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: EXISTING Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. TO 420 Linear Feet 70

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

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

System Description: ____

Repair System Description: 50% REDUCTION, PRESS. MANIFOLD

Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other ____

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

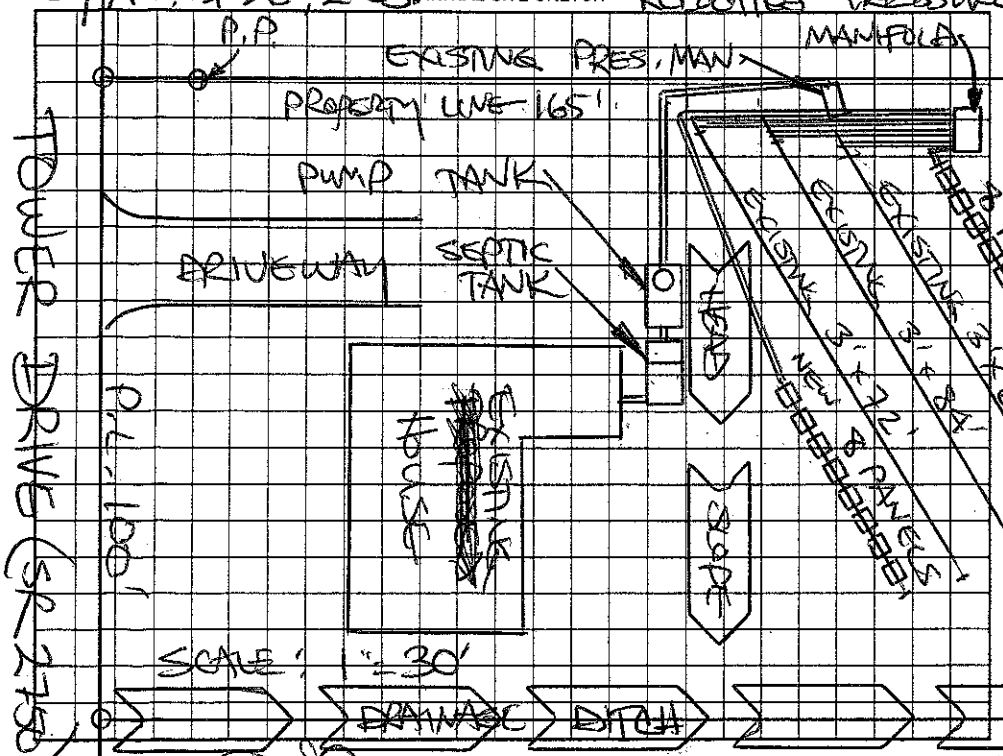
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: ① RELOCATE PRESSURE MANIFOLD TO LOCATION SHOWN ② INSTALL TWO NEW 2"x35' DRAINLINES USING EIGHT ADS PANELS EACH ③ THIS PERMIT SERVES AS "NOTICE OF VIOLATION" SYSTEM TO BE REPAIRED BY AUGUST 25, 2003.

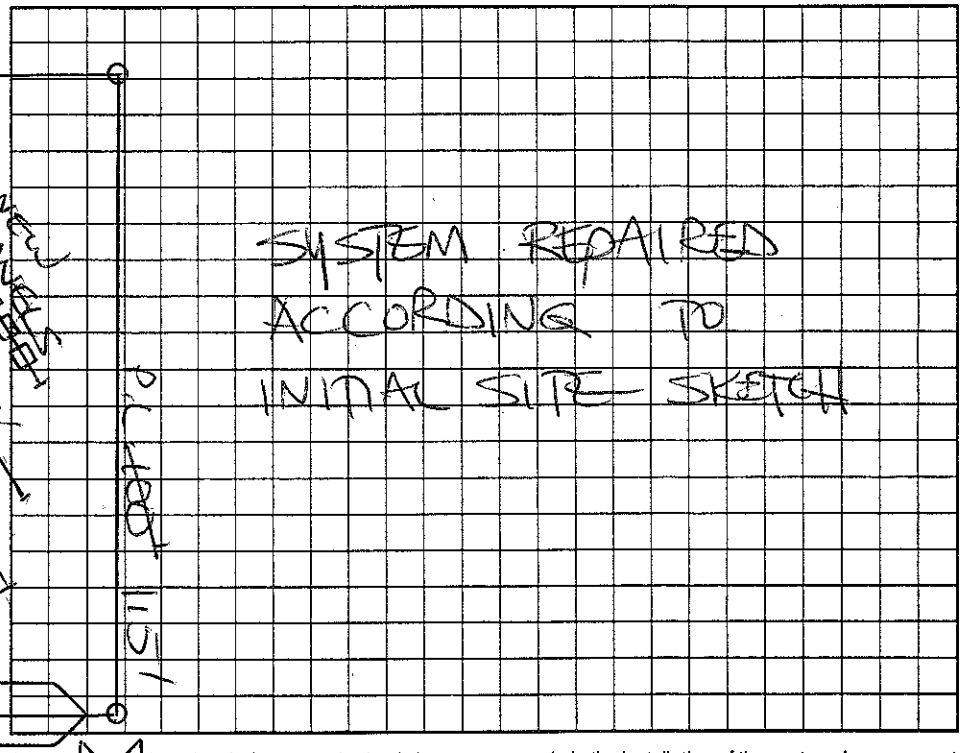
Comments:/Conditions:

INITIAL SITE SKETCH




RELOCATED PRESSURE

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 7/25/03 Installed by: HOMEOWNER

Improvement Permit by: STEVE HEDRICK date 7-25-03 Operation Permit by: STEVE HEDRICK date 12-3-03

Authorization to Construct by: STEVE HEDRICK date 7-25-03 Existing System Inspection by: ____ date ____

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