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# 4733838202 DATE 6-30-08

OWNER OR APPLICANT Ruben Morales PHONE: Business _____ Home 704-500-7490

ADDRESS 2117 Shelton Statesville NC 28625

LOCATION 21 South @ 2117 Shelton Ave

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1-0 SITE CLASS. _____ DESIGN FLOW Repair L.T.A.R. Repair

Septic Tank: 1250 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet 100

No Lines 1 Trench Width 36" Max Trench Bottom Depth 42 Gravel Depth _____

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

System Description: 25% - Sand Lined

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

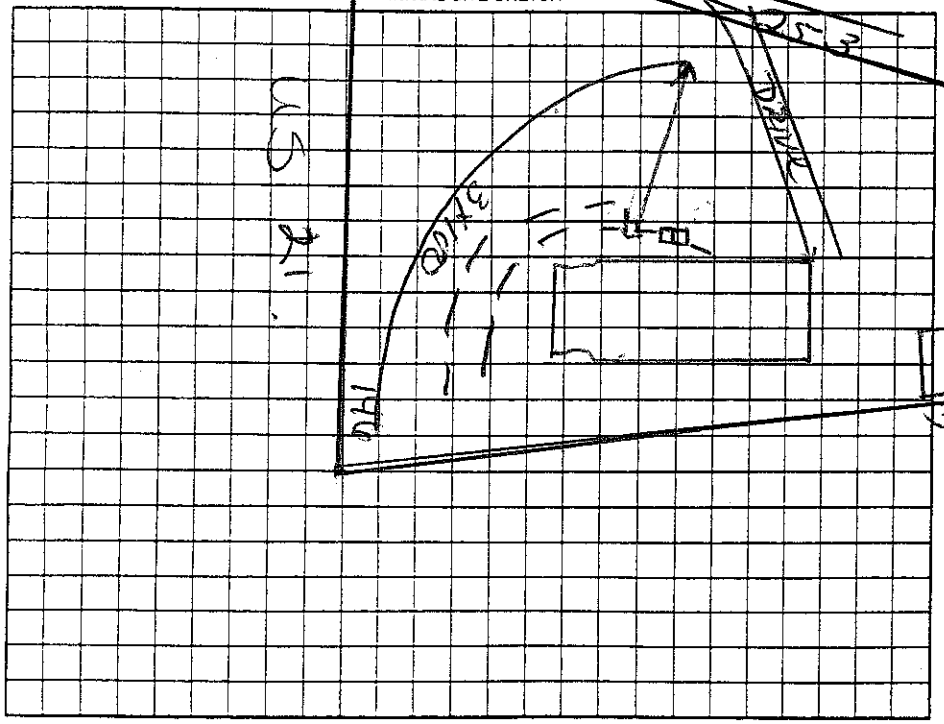
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Any question - 878-5305

Comments:/Conditions:

42" trench - 24" of Sand
100' of 25% Reduction

INITIAL SITE SKETCH



AS BUILT SKETCH

Install on Contour
Maintain all setbacks
use existing distribution box

NOV was issued at time of permit K Cook

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: X Bayna Martin date _____ Installed by: Mark Tucker

Improvement Permit by: Kelly Cook date 6-30-08 Operation Permit by: Kelly Cook date 7-25-08

Authorization to Construct by: Kelly Cook date 6-30-08 Existing System Inspection by: _____ date _____

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