IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113977 PIN# ~~4737-19-4955.001~~ 4737-18-2489 DATE 9-15-03

OWNER OR CONTRACTOR SANTIAGO CASTILLO PHONE: Business FLEETWOOD 704-400-7019 Home

ADDRESS 391 BRANCHWOOD RD STATESVILLE NC 28625

LOCATION 115 NORTH, R BRANCHWOOD, GRAVEL ROAD ON RT BY END OF PAVEMENT + WHERE GRAVEL BEGINS

SUBDIVISION BLOCK / SECTION LOT LOT AREA 10 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-17-04
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" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONV GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

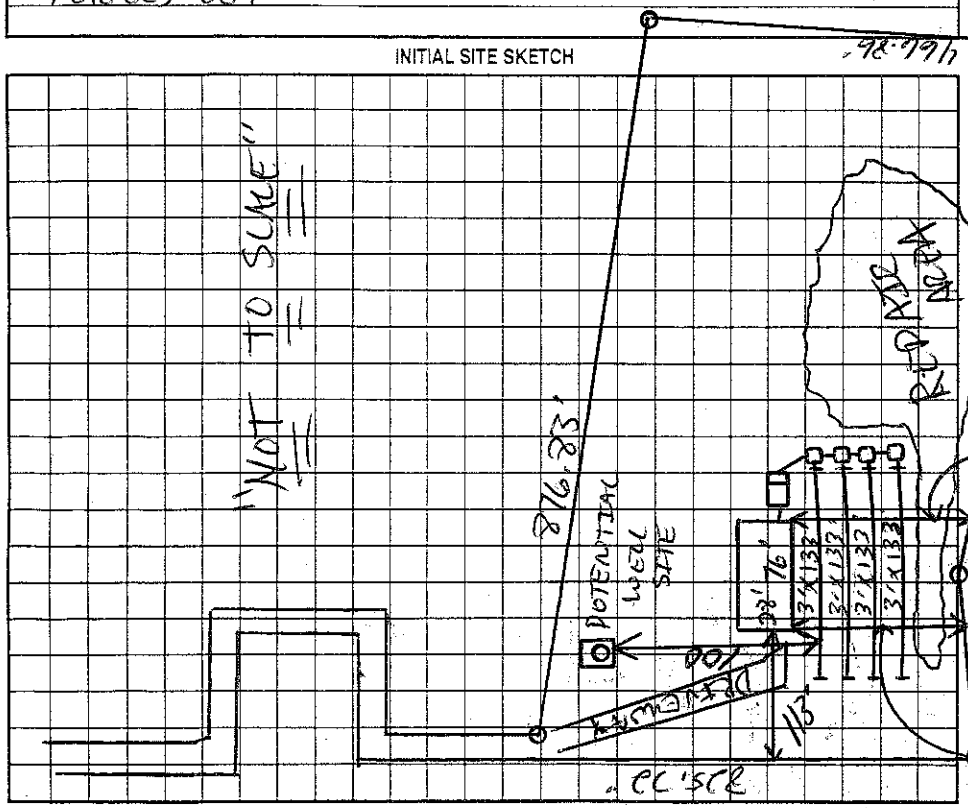
☐ House/Mod. Home No. Bedrooms 4
☒ Mobile Home D/W No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

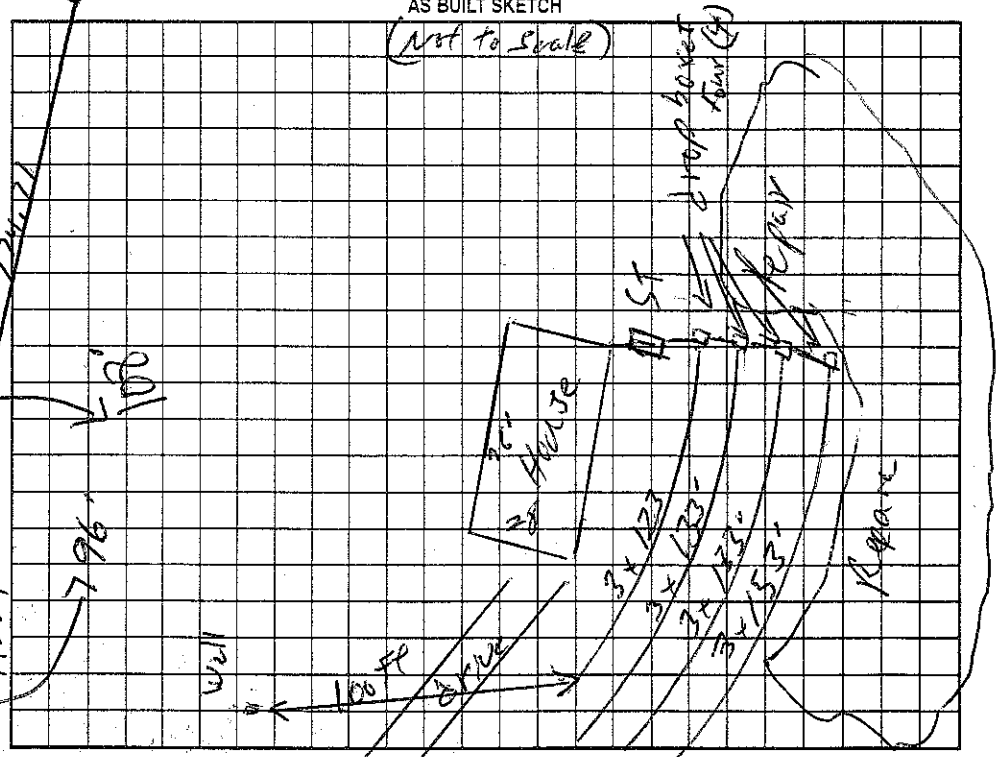
Comments:/Conditions: ① INSTALL LINES ON CONTOURS ② MAINTAIN SETBACKS ③ SYSTEM & HOUSE IS FLAGGED OUT

Comments:/Conditions: - Tuff Tite Filter + ST Marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH (Not to Scale)



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: Bryan Ipock date 9/16/03 Installed by: Craig Thompson

Improvement Permit by: date 9-15-03 Operation Permit by: date 7/16/04

Authorization to Construct by: date 9-15-03 Existing System Inspection by: date

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