IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — ~~MOORESVILLE 704-664-5281~~ (ad)

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

PERMIT # 158269 PIN # 4742-35-8822 DATE 7 Oct. 09

OWNER or APPLICANT Antelmo Estrada PHONE: Business (704) 253-2948 Home: (704) 871-9678

OWNER or APPLICANT ADDRESS 103 Bayfield rd. Troutman, N.C.

LOCATION / DIRECTIONS Murdock rd. Turn onto Hamilton rd. TL Bayfield rd. House in Corner

SUBDIVISION _____ BLOCK / SECTION _____ LOT # 39 LOT AREA _____ DESIGN FLOW 360 gpd L.T.A.R. _____

Septic Tank Ex-51. Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields _____ No Lines _____ Linear Feet _____

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type (II) III IV V VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

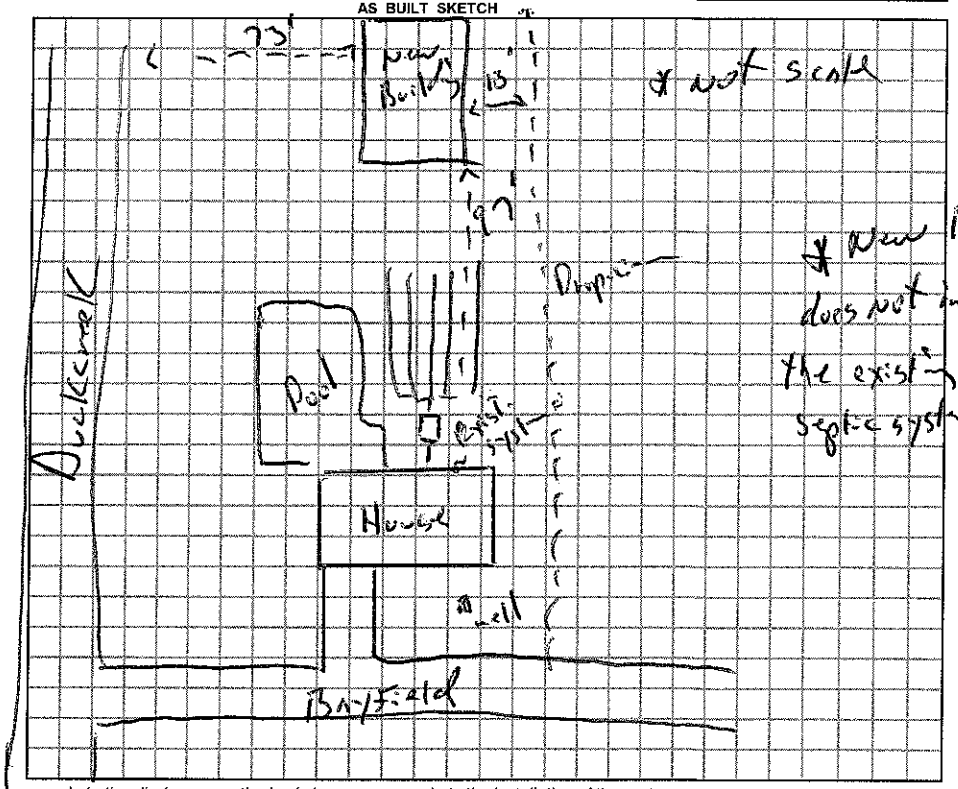
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.*

☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Antelmo Estrada Date 10/12/09

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____, R.S. Date: 7 Oct. 09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant