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 # 4752-83-9674 DATE APRIL 9, 2010

OWNER or APPLICANT ROGELIO CASTRO ROMAN PHONE: Business 704-881-2840 Home: 704-881-4849

OWNER or APPLICANT ADDRESS 118 VINSON ROAD, STATESVILLE, NC 28677-1739

LOCATION / DIRECTIONS I-77 TO E, TR SHILOH ROAD, TL CLEMENTS RD, TR TRENT RD, TL VINSON RD 3RD HOUSE (R)

SUBDIVISION LOYD ACRES BLOCK / SECTION LOT # 30 LOT AREA 100'x200' DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank EXISTING Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 200

Trench Width 36" Max. Trench Bottom Depth 29-36" Gravel Depth N/A

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

System Description:

Repair System Description: 25% REDUCTION GRAVITY

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

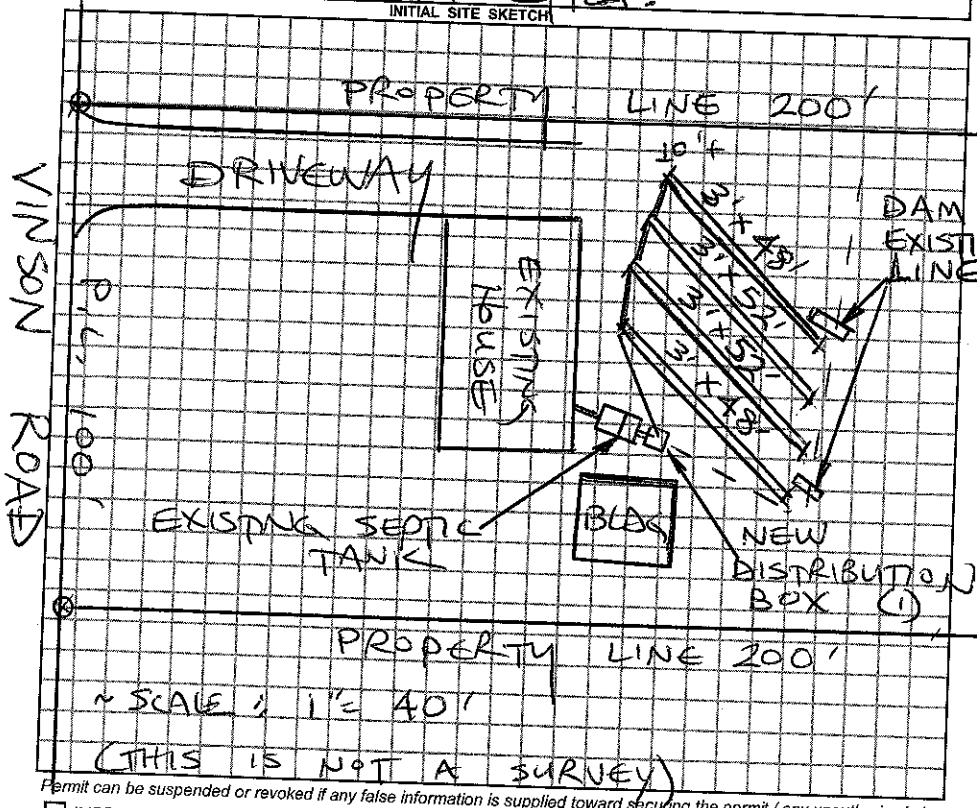
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

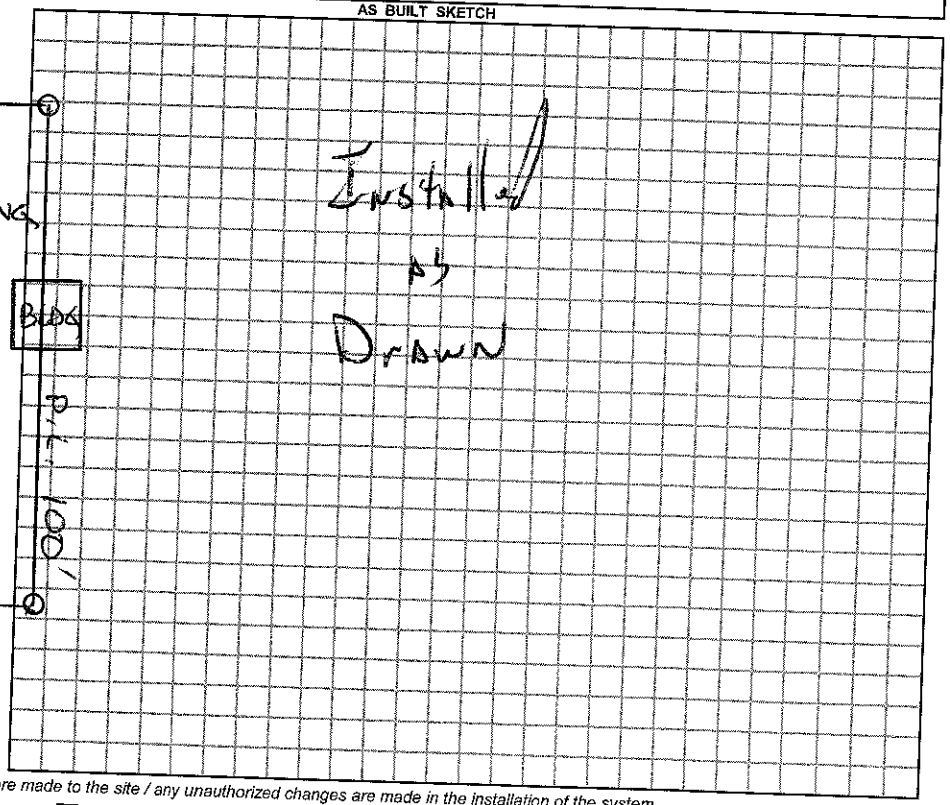
Comments / Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED, NO SHALLOWER THAN 29" DEEP & NO DEEPER THAN 36". DAM EXISTING DRAINLINE WHERE INTERCEPTED.

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: Veronica Castro Date 04/13/2010

Improvement Permit by: STEVE HEDRICK Date 4-9-10

Authorization to Construct by: STEVE HEDRICK Date 4-9-10

Installed by: Sherman Dunn

Operation Permit by: Date:

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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