IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138671 PIN# 4753-53-7116 DATE 11/02/06

OWNER OR APPLICANT DAVID GONZALEZ PHONE: Business 704-878-9612 Home 704-878-2654 704-253-0515

ADDRESS 110 DELIGHT LP. STATESVILLE, NC 28677

LOCATION HWY 70 EAST, (R) SIZMON DRIVE, TO END, (L) ON DRIVEWAY ESMT., AT END ON LEFT,

SUBDIVISION SUBURBAN ACRES BLOCK / SECTION # LOT 13 LOT AREA 0.811 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 4-24-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ to 1440 Linear Feet 380'

No Lines 5 Trench Width 36" Trench Bottom Depth 36"

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCT., GRAV./L.P.

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Persons ____

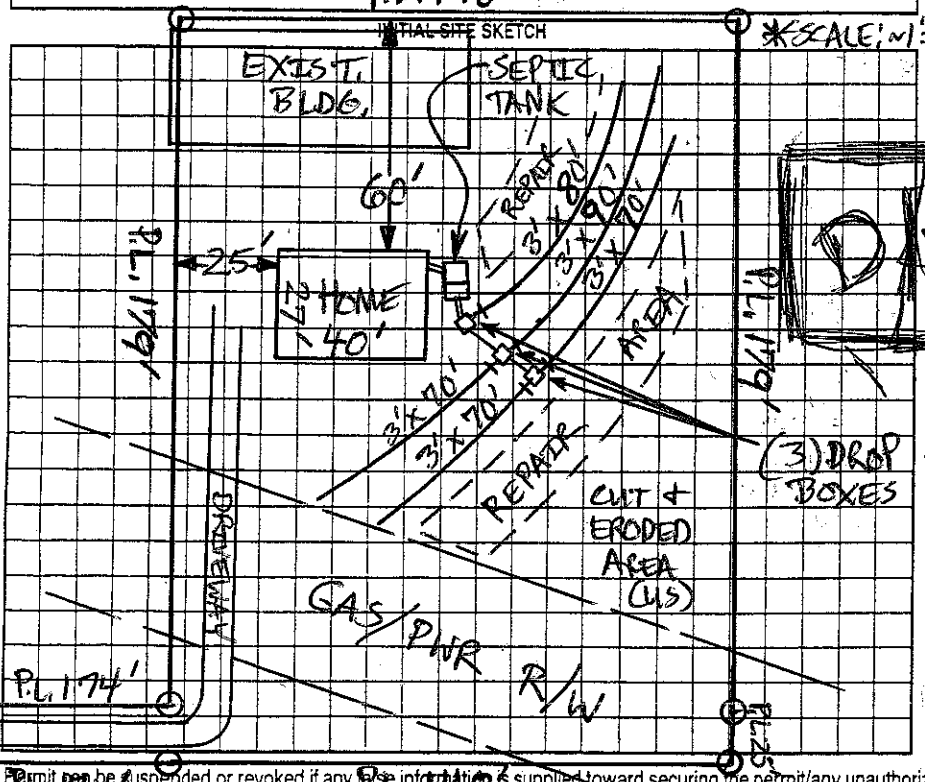
☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual EXIST WELL ON LOT #12 ☐ Public ☐ Community

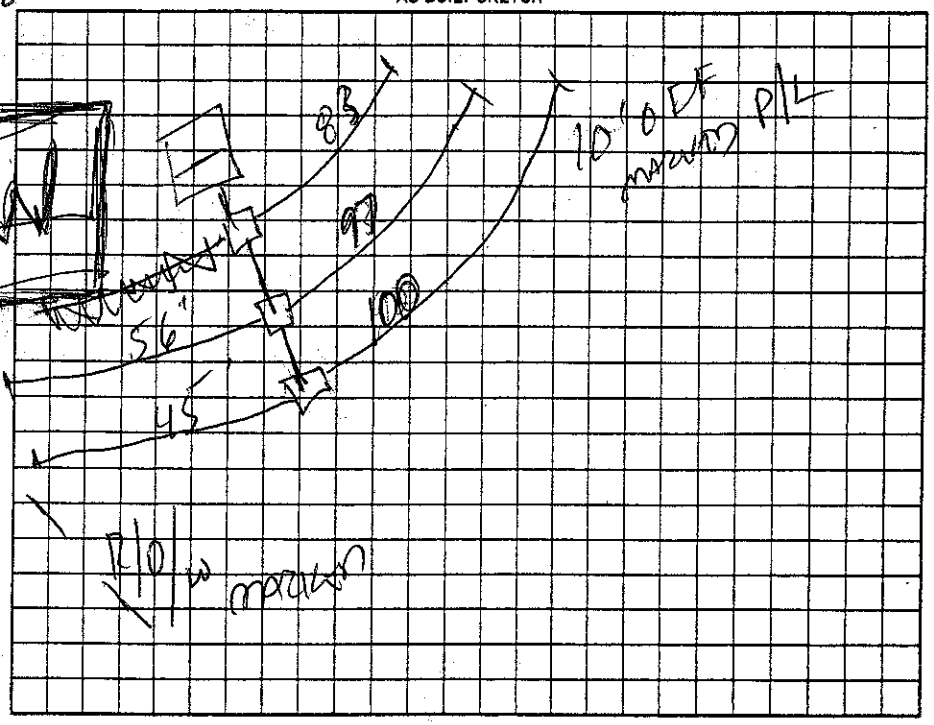
Comments/Conditions: (1) INSTALL TRENCHES USING 36" TRENCH BOTTOM DEPTH, (2) WHEN RUNNING WATER LINE FROM WELL LOCATED ON LOT #12, STAY 10'± FROM ANY SEPTIC, (3) MAY NEED TO RAKE TRENCH SIDEWALLS IF SMEARING OCCURS, TO FEET IF SMEARING

INITIAL SITE SKETCH



*SCALE: 1" = 50'

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: David Gonzalez date 11-03-06 Installed by: CRAIG THOMPSON

Improvement Permit by: [signature] date 11/02/06 Operation Permit by: [signature] date 12-12-06

Authorization to Construct by: [signature] date 11/02/06 Existing System Inspection by: ____ date ____

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