IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14425 14435 PIN# 4763[illegible]4037 61907 37 DATE 7-3-07

OWNER OR APPLICANT Felipe Vidal PHONE: Business _____ Home _____

ADDRESS 222 Amanda RD Boonville NC 27011

LOCATION 70E TR Bethesda RD (R) Sheiling (R) Airbit (R) Island Sycamore left Hardwood

SUBDIVISION Forest Acr BLOCK / SECTION _____ LOT 261 LOT AREA 1.37 SITE CLASS. RS DESIGN FLOW 360 L.T.A/R. 0.3

Septic Tank: 1000 Gallons: STB EXIST Date EXIST

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 70

No Lines 2 Trench Width 24" Max Trench Bottom Depth 30"

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

System Description: 50% Extension

Repair System Description: Low pres-pipe

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth _____ ☐ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

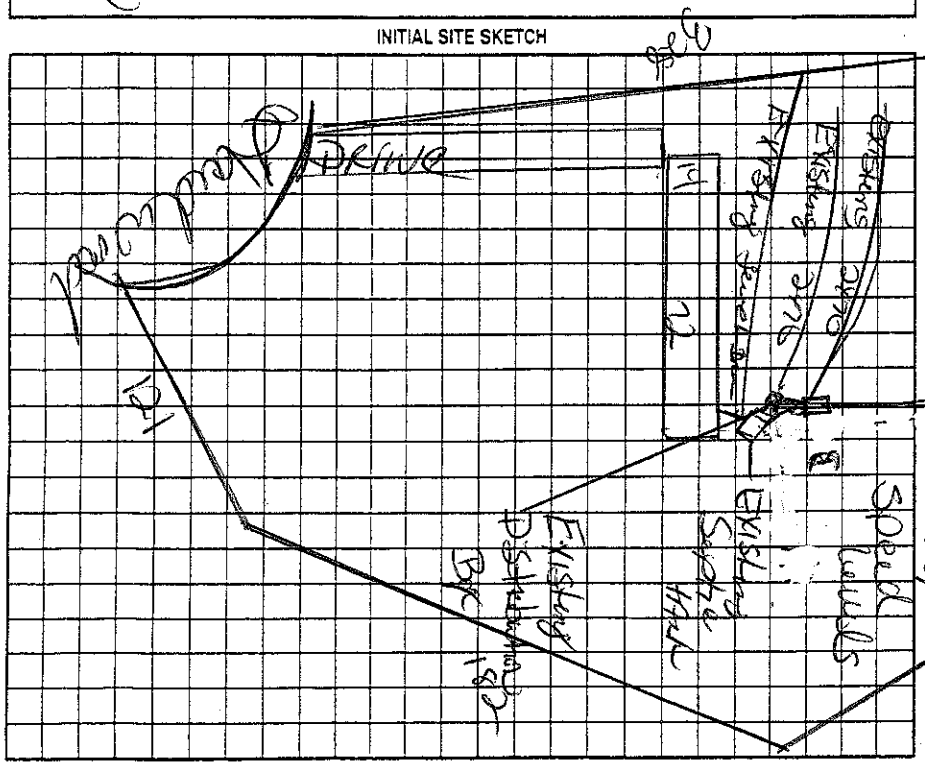
Comments:/Conditions:

Install on contour
Maintain all setbacks

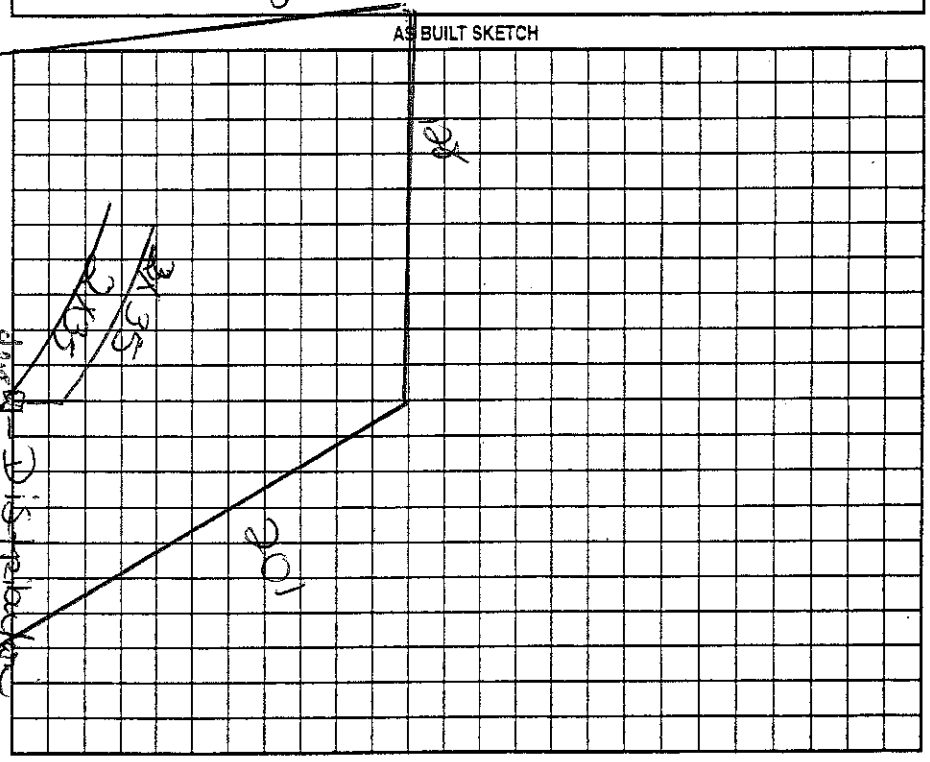
Comments:/Conditions:

Add Speed levels to existing Distribution box

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 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: _____ date 2-3-07

Improvement Permit by: _____ date 7-3-07

Authorization to Construct by: _____ date 7-3-07

Installed by: Wes Lytton

Operation Permit by: _____ date 8-8-07

Existing System Inspection by: _____ date _____

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