IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 219232

PIN # 4763638388

APPLICANT: Damian Santibanez APPLICANT ADDRESS: 127 Big Forest Dr. Statesville, NC 28625

SITE ADDRESS: 125 Big Forest Drive - Statesville PHONE: ALT. PHONE:

SITE DIRECTIONS: US 70 E TL Salisbury Hwy TR Morehead Rd TR W. Old Well House Rd TR Big Forest Dr on right

SUBDIVISION: Forest Acres SECTION: LOT # 184 LOT AREA: .51 Acres DESIGN FLOW: *360gpd L.T.A.R.: exist

Septic Tank 1000 exist (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 300ft

Trench Width exist Max. Trench Bottom Depth exist. Gravel Depth 12"

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

System Description: Exist. Gravity-Conventional

Repair System Description: Grav/Pump Conventional

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms *3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

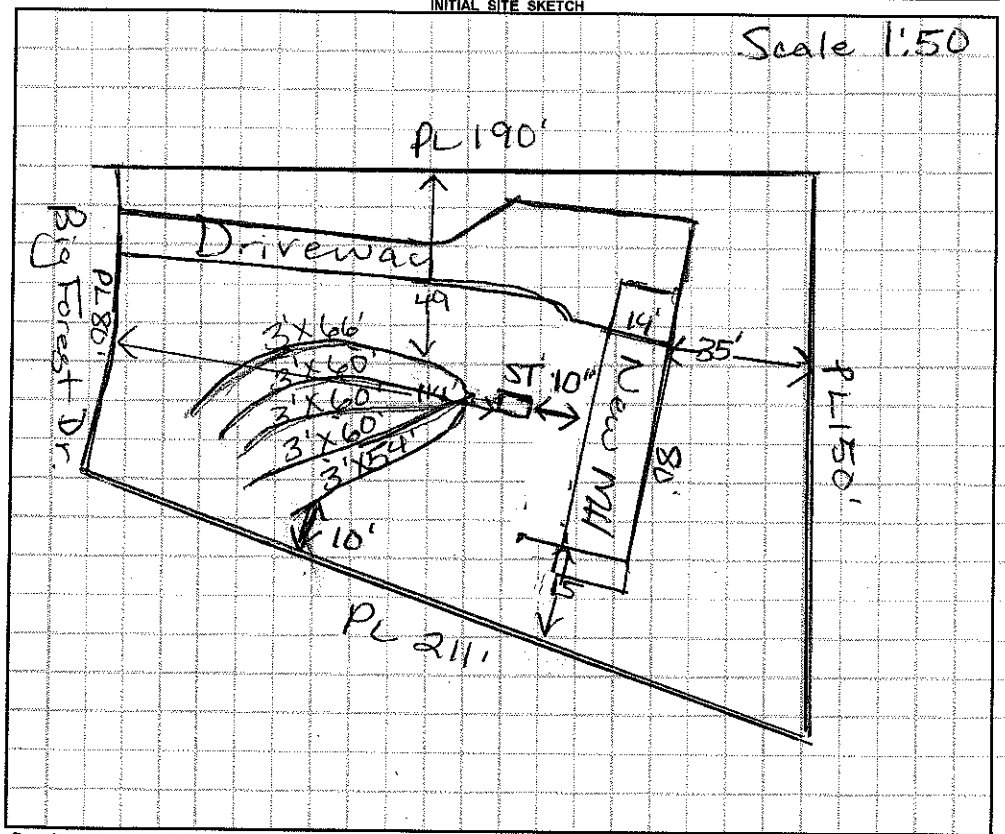
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Existing Septic System appears to be functioning

* Applicant is only applying for a 2 Bedroom home. (Septic System originally permitted for 3 Bedrooms)

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT *with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT *with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Edwin Santibanez Date: 09-1-16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Mona H. Dotson RS Date: 7/28/16

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK