IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1600162 PIN# 4765405666 DATE 3/15/10

OWNER OR CONTRACTOR Virgilio & Blanca Chavez PHONE: Business _____ Home 704-872-2803

ADDRESS 232 Bellhaven Rd Statesville 28625

LOCATION 64E to Bellhaven to 232 Bellhaven on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA .43 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXIST

Septic Tank EXIST Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EXIST Linear Feet EXIST

No Lines 2 Trench Width EXIST Max Trench Bottom Depth EXIST Gravel Depth _____

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

System Description: Gravel

Repair System Description: 522 Low Pressure

Maintenance Agreement Required: ☐ Yes ☐ No

☒ ~~House/Mod. Home~~ No. Bedrooms 2

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ ~~Public~~
☐ Community

Comments:/Conditions:

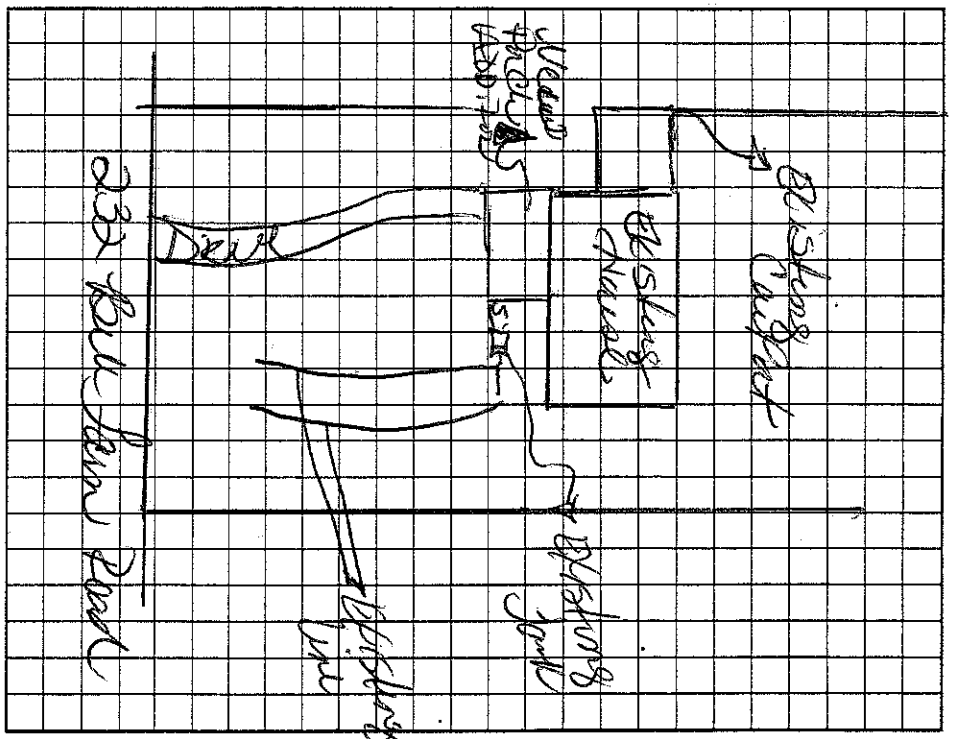
Comments:/Conditions:

Septic NOT failing at time of Inspection

INITIAL SITE SKETCH

The Porch addition does not encroach on existing Septic area

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 3-15-10

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