IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107532 PIN# 4769-74-1505, 108 DATE 5-19-04

OWNER OR CONTRACTOR VICTOR BAHENA PHONE: Business _____ Home 704 546-5105

ADDRESS 556 OLD MOUNTAIN RD STATESVILLE NC 28625

LOCATION 21 N (D TABOR (D TABOR IW (O LOT #6

SUBDIVISION TABOR INWARD BLOCK / SECTION _____ LOT 6 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 16"+

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

System Description: CONV 60% W

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

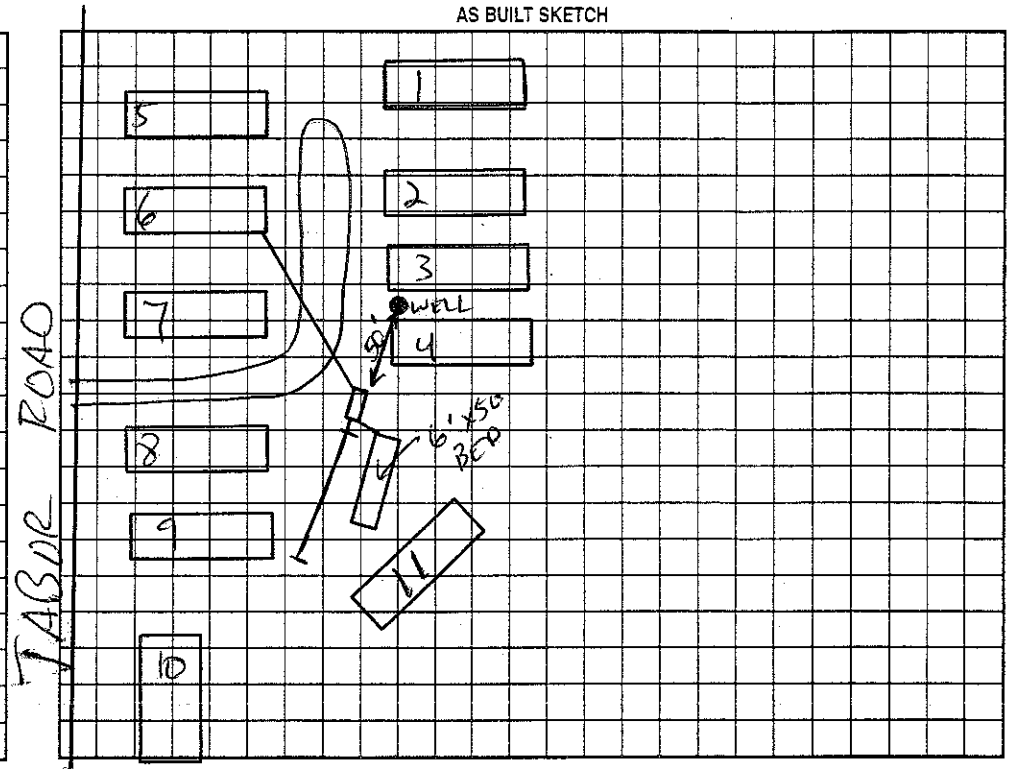
Comments:/Conditions:

HAD TO FIX TWO FAILING SYSTEMS
B-4 OP WAS SIGNED

Comments:/Conditions: (1) NO SIGNS OF FAILURE AT TIME OF CHECK (2) TAKING OFF 3 BEDROOM & REPLACING WITH 3 BEDROOM

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: Gloria Aguayo date 5/19/04 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date 5-19-04

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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