IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147552 PIN# 4863500302 DATE 1-15-08

OWNER OR APPLICANT Alejandro Chavez PHONE: Business 704 871 3587 Home 704 546 3011

ADDRESS 117 Whispering Rd

LOCATION 77 N to 901 (R) Harmony at Eagle Mills turn (L) (L) on Trivette (R) go Whispering Dr. 2nd lot on (L)

SUBDIVISION Cheshire Ridge BLOCK / SECTION 3 LOT 32 LOT AREA 1.042 SITE CLASS. PS DESIGN FLOW 440 L.T.A.R. .

Septic Tank: EV Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 364 Linear Feet @ 92'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

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 4

☒ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

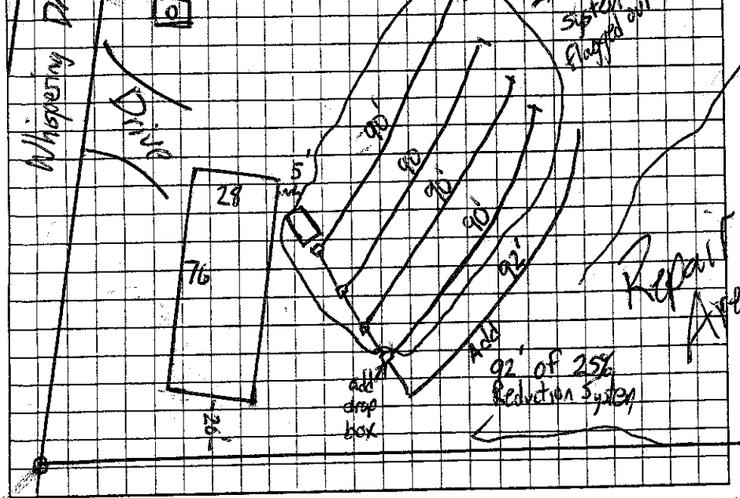
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) Add drop box to last existing line (2) Install 92' feet of 25% Reduction System

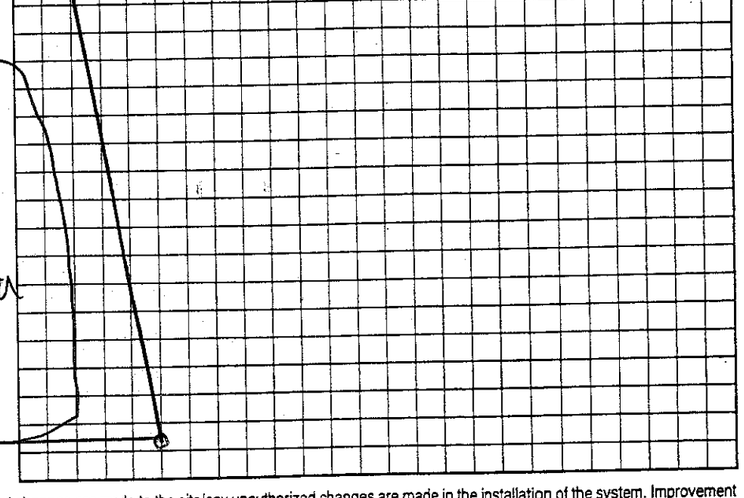
white & blue = existing green = new lines

Comments/Conditions:

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: Alejandra Chavez D date ____

Improvement Permit by: ____ date 1-15-08

Authorization to Construct by: ____ date 1-15-08

Installed by: Blackburn & Sons

Operation Permit by: ____ date 4-3-08

Existing System Inspection by: ____ date ____

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