IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 101622 ZO PIN# 4701951879 DATE 8/30/2001

OWNER OR CONTRACTOR Byron J Webb PHONE: Business Cell 458-5330 Home 708-9831 Pg. 529-9124

ADDRESS 417 Walnut Point Dr Matthews, NC JOM 704-799-0375

LOCATION Buffalo Shoals TR Grayrock Dr, at end on left.

SUBDIVISION Grayrock Shoals BLOCK / SECTION ____ LOT 28 LOT AREA .72 Acres SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 03-13-02
Pump Tank: 1000 Gallons; PT 302 Date 02-03-02
Pump Make: ZOELLER Model N140-B Serial No. 140-0002
Nitrification Field: No Fields 1 Square Feet 400' Linear Feet 200'
No Lines 4@50' Trench Width 24" minimum Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump - PM Panel Block
Repair System Description: Pump LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No Not initially

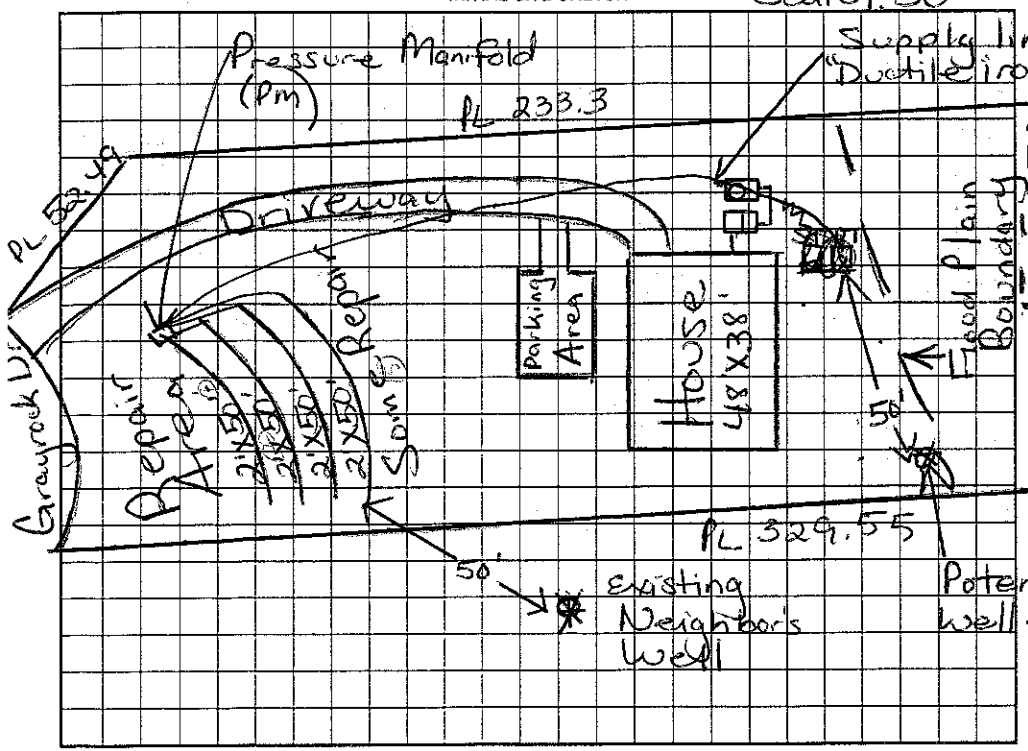
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2.5 No. Employees ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

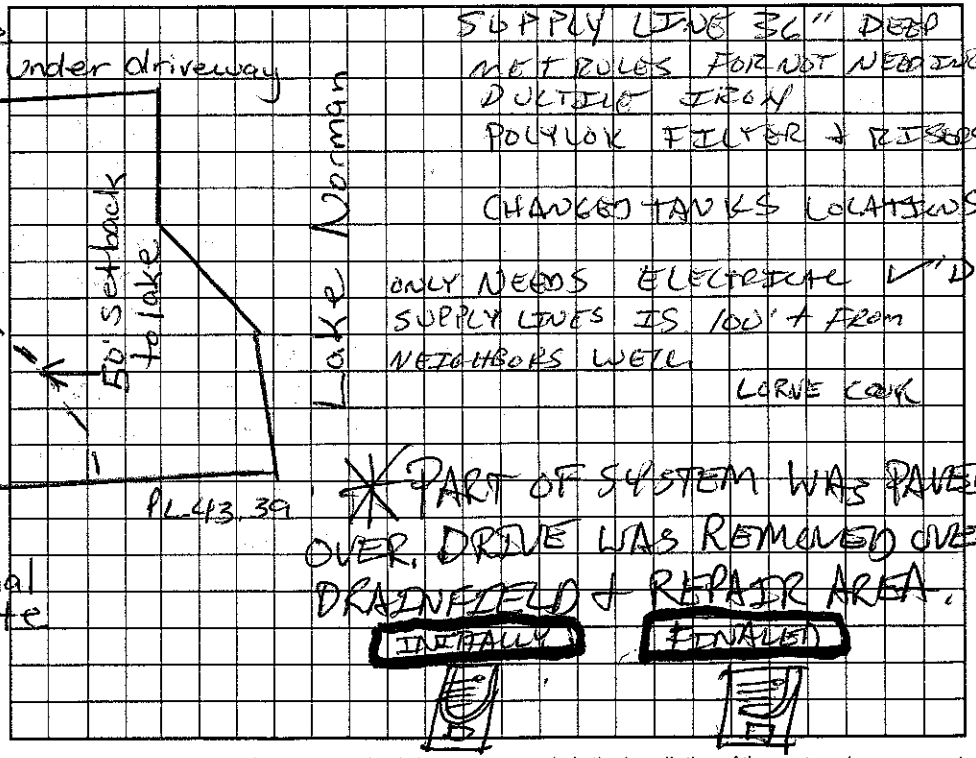
Comments/Conditions: Keep Septic System at least 10' to PL, 50' to lake & at least 50' to any well. Keep "Supply line" 50' from Neighbor's well unless ductile iron adequivalent then 25'.

Comments/Conditions: moved house 20' CLOSER TO ROAD
OK'D BY MDon 10/30/01.

INITIAL SITE SKETCH Scale 1:50



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: S H O for Byron Webb date 9-4-01
Improvement Permit by: Maria H Dotson RS. date 8/31/2001
Authorization to Construct by: Maria H Dotson RS date 8/31/2001

Installed by: ROWAN SEPTIC
Operation Permit by: P. Mitchell 4-28-03 date
Existing System Inspection by: ____ date ____

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