IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88288 PIN# 4701 95 7393 DATE May 18 2000

OWNER OR CONTRACTOR Todd Wright PHONE: Business _____ Home 5283230

ADDRESS 201 Laurel Cove Rd Statesville NC

LOCATION Buffaloshoals west past Gray Rock Dr 1st Right follow To end (Dirt Road going under Power Lines)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 21.25 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 9/24/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36 plus Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% Reduction
Repair System Description: Pump
Maintenance Agreement Required: ☐ Yes ☒ No

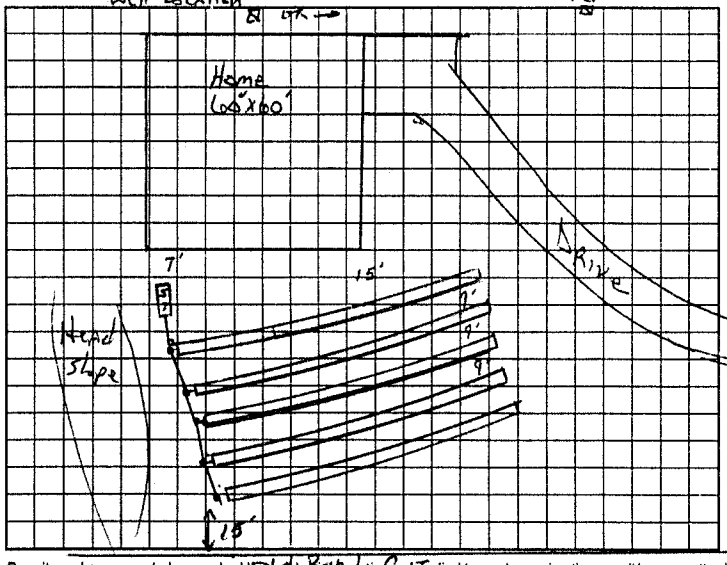
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Well

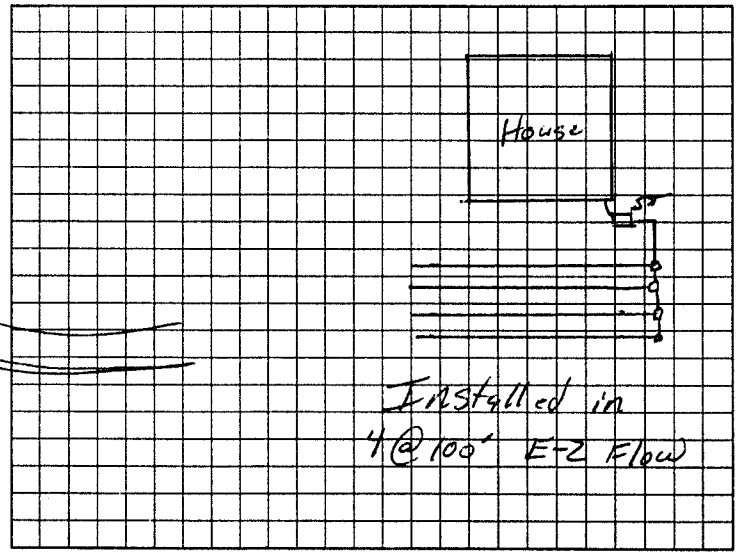
Comments/Conditions: ① Install on Contour 66 Chambers or 40 HDS Sections. ② Due To Contour And Trench Curving Suggest HDS Sections ③ Locate Well 100 Ft or MAX Feasible distance from Septic Area Potential ④ Keep Lower Trench 15 Ft from Top of Road Cut

Comments/Conditions: Call 928-2030 if Any question Ac (50 Ft min)

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: Jack Wright date 6-1-00 Installed by: Statesville Backhoe

Improvement Permit by: Jo Potter date May 18 2000 Operation Permit by: RSI date 12/8/00

Authorization to Construct by: Jo Potter date May 18 2000 Existing System Inspection by: _____ date _____

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