IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81068 PIN# 4701962437 DATE June 22 99

OWNER OR CONTRACTOR High Shoals Dev. Corp PHONE: Business 704 873 2121 Home

ADDRESS 1805 Safrit Rd Statesville

LOCATION Buffalo Shoals (R) Gray Rock (R) High Shoals 4th on left

SUBDIVISION Gray Rock Shoals BLOCK / SECTION ____ LOT 21 LOT AREA .89 ac SITE CLASS P.S DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Rowan 825 Date 1/21/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity 50% Reduction

Repair System Description: Pump 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

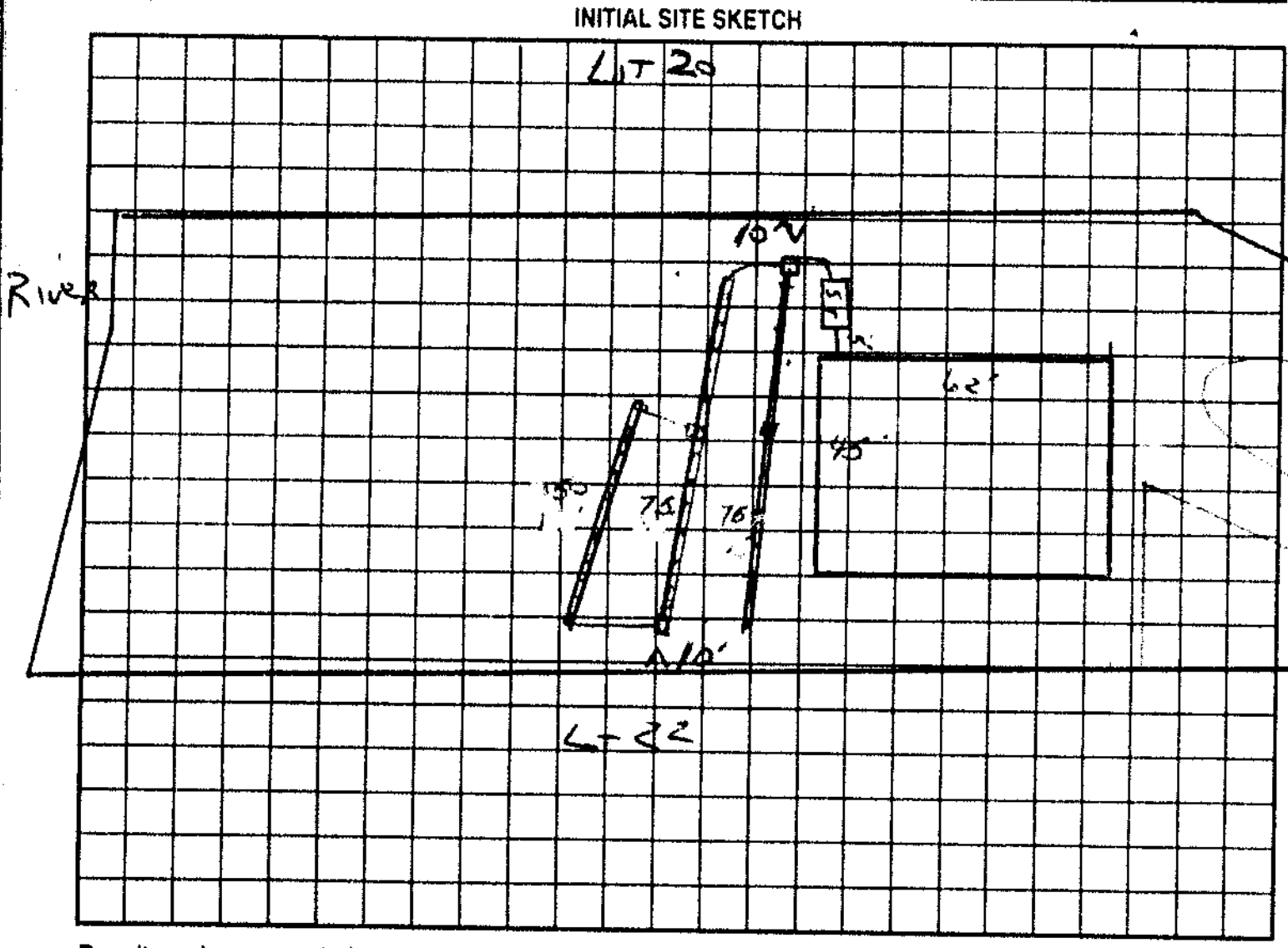
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community — Well

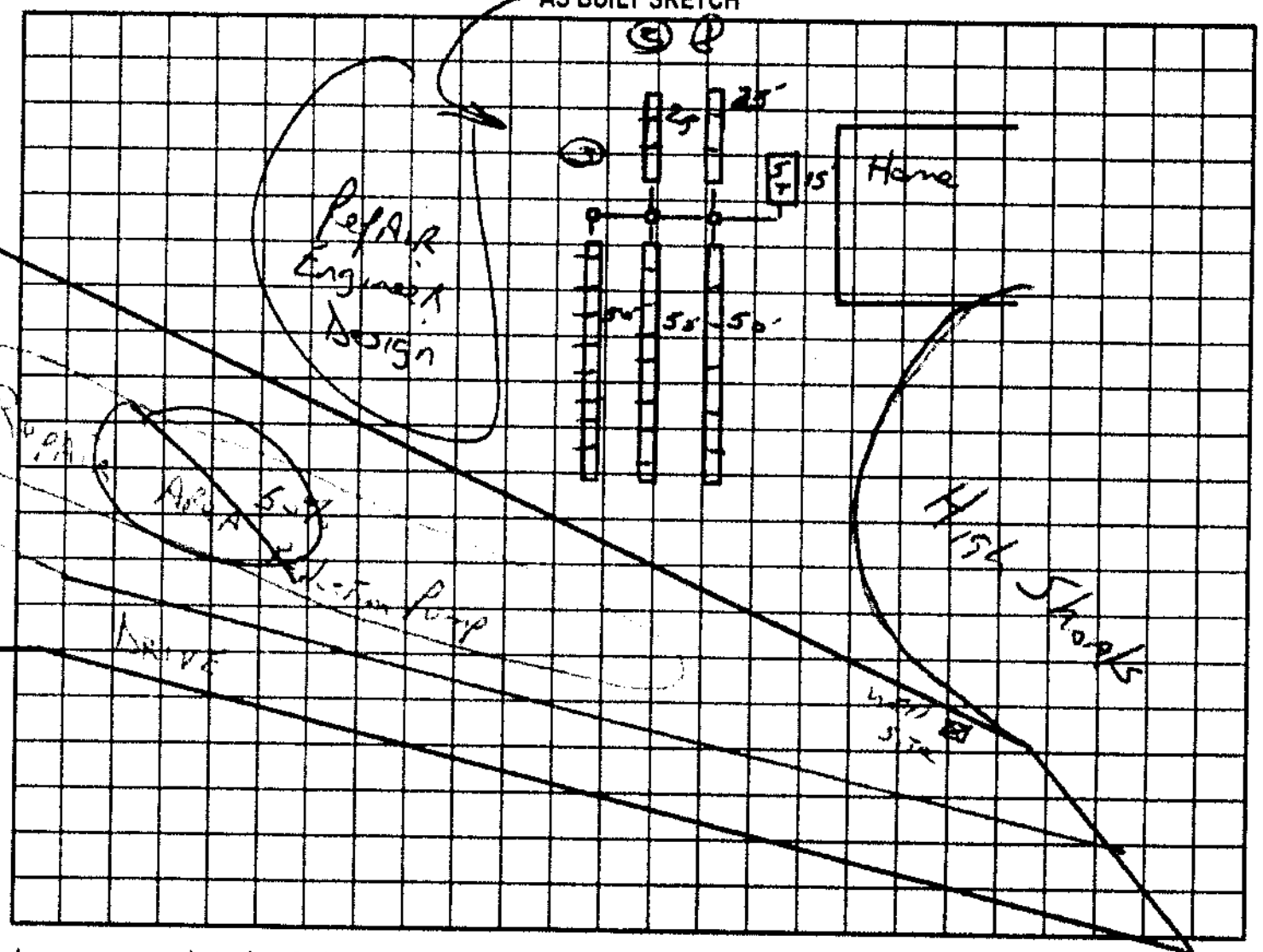
Comments:/Conditions: 46 Panels with 33 Ton Sand
Install on contour
Rake sidewalls + lime

Comments:/Conditions: Line 1-17 panels * Basement/Foundation Drains needs
2-17 panels to be directed away from system
3-12 panels * No vehicle traffic over septic system
46 panels * Repair will require Engineer Design

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: [signature] date 6/22/99

Improvement Permit by: J.C. Potter date 6-22-99

Authorization to Construct by: J.C. Potter date 6-22-99

Installed by: C & W Grading

Operation Permit by: J.C. Potter date 3-16-00

Existing System Inspection by: ____ date ____

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