# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 98397 PIN# 4702758845 DATE 1-9-99

OWNER OR CONTRACTOR James Charles PHONE: Business _____ Home 872 4523

ADDRESS 167 Family Circle Statesville N.C.

LOCATION Buffalo Shoals TR Eufola Tb Barbury on Rt

SUBDIVISION Lands Down BLOCK / SECTION _____ LOT 54 LOT AREA .9 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11 23 98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

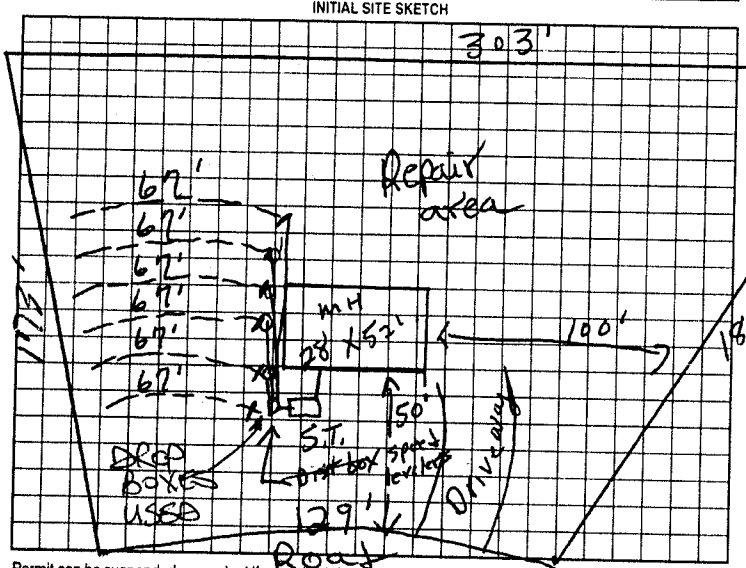
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

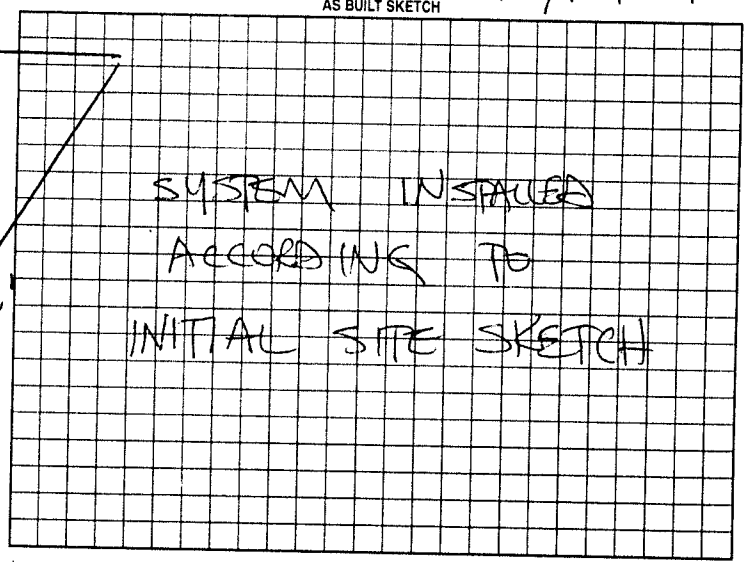
Comments/Conditions:

Comments/Conditions "POLYLOK" FILTER INSTALLED AT OUTLET OF SEPTIC TANK
APPROVAL FROM HEALTH DEPARTMENT DROP BOXES USED WITH PRIOR

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: X Jack Walls date _____ Installed by: A-1 BACKHOE

Improvement Permit by: R.C. Moore date 1-9-99 Operation Permit by: STEVE HENDRICK date 2-8-99

Authorization to Construct by: R.C. Moore date 1-9-99 Existing System Inspection by: _____ date _____

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