IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81317 PIN# 4702768075 DATE June 12 99

OWNER OR CONTRACTOR Donald Bradley PHONE: Business _____ Home 704 630 9266

ADDRESS 3835 Statesville Blvd Salisbury NC

LOCATION Buffalo Shoals (R) Eufola (L) Barberry 2nd on Right

SUBDIVISION Lansdowne BLOCK / SECTION _____ LOT 55 LOT AREA 1.78 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 1012 Date 5-8-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 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: Conv Gravity
Maintenance Agreement Required: ☐ Yes ☒ No

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

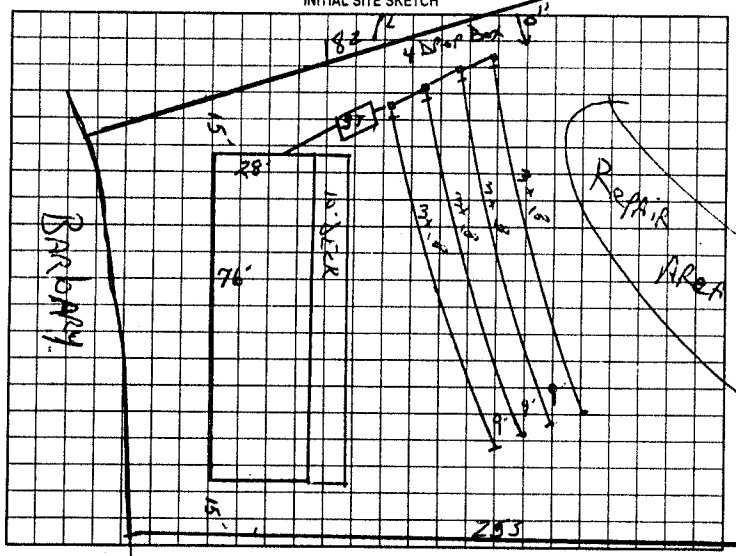
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

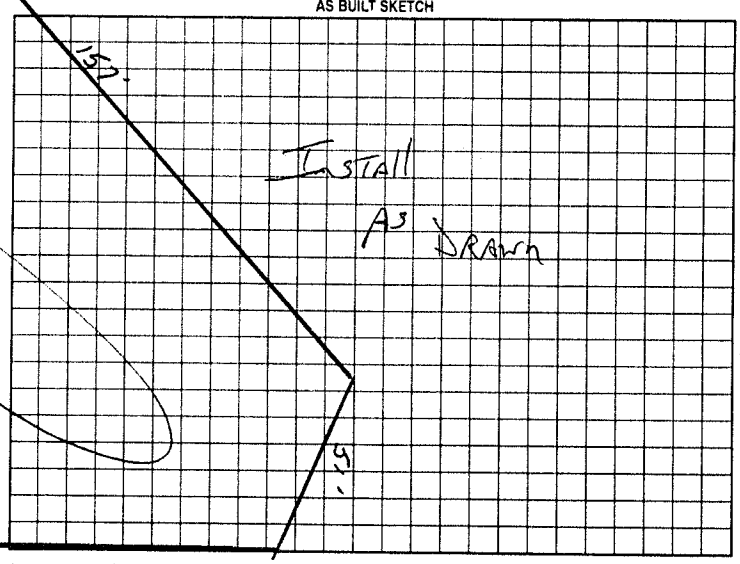
Comments/Conditions: Install Lines on Contour
Start Lines 10Ft from property Line
*Can use flow divide Tees

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: Donald Bradley date 6-12-99

Improvement Permit by: C. E. Potter date 6 12 99

Authorization to Construct by: C. E. Potter date 6 12 99

Installed by: Wayne Grading

Operation Permit by: C. E. Potter date 6-30-99

Existing System Inspection by: _____ date _____

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