IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80645 PIN# 4702852995 DATE 4-23-99

OWNER OR CONTRACTOR A-1 Mobile Homes PHONE: Business _____ Home 704 873 1014

ADDRESS 590 Mocksville Hwy Statesville, N.C.

LOCATION Buffalo Shoals TR Evfola at corner Barbary Lane

SUBDIVISION Vanstone BLOCK / SECTION _____ LOT 1 LOT AREA 1.974acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 620 Date 4-7-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400

No Lines 4 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: Gravity 252 Rock

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

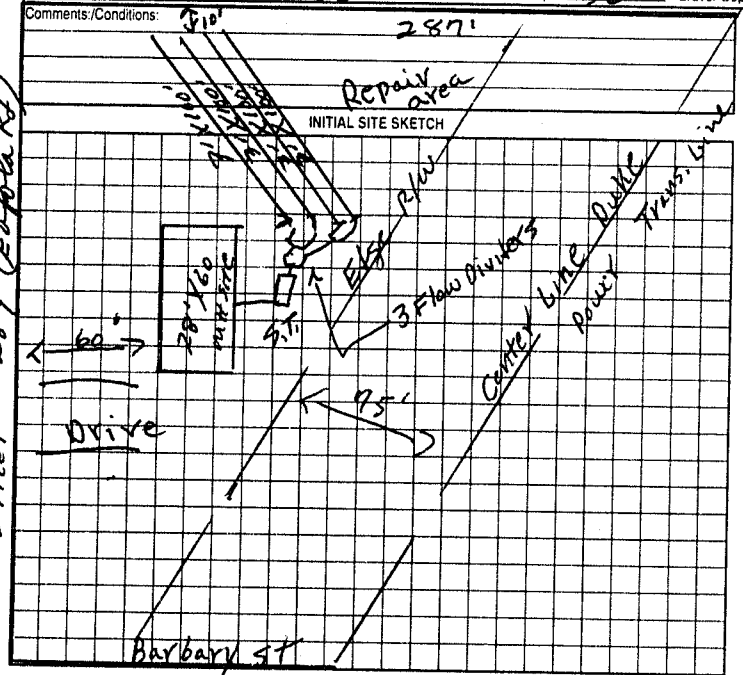
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions:

INITIAL SITE SKETCH



Comments/Conditions

Note: Home Slightly turned
Tank Turned 90°

AS BUILT SKETCH

Installed as shown

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 _____ date 4-29-99 Installed by: Sammy Reavis

Improvement Permit by: P.C. moore date 4-23-99 Operation Permit by: Mary C Off RS date 5-28-99

Authorization to Construct by: P.C. moore date 4-23-99 Existing System Inspection by: _____ date _____

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