IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4707-1664-28 DATE 9/3/04

OWNER OR CONTRACTOR Berry Luffman PHONE: Business — Home (704)585-9900

ADDRESS PO Box 76 Stony Point N.C. 28678

LOCATION Hwy 18N, (L) Midway Rd, (R) Harris Bridge Rd 1st House on Left (Brick)

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.89 Ac. SITE CLASS. 65 DESIGN FLOW 480 L.T.A.R. Ex

Septic Tank: Ex Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 150

No Lines 3 @ 50 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 16"

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

System Description: ____

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

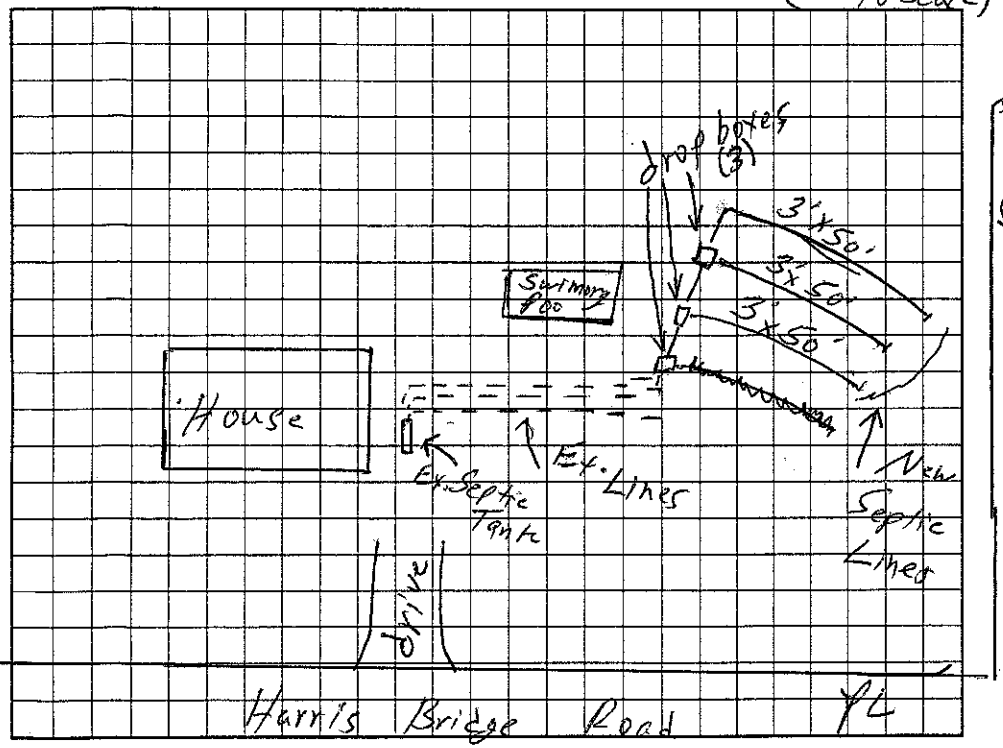
Water Supply: ☒ Individual ☐ Public ☐ Community

well

Comments:/Conditions: (1) Pump out Septic Tank (2) Add 3 lines @ 50 Ft on Contour w 16" of gravel (3) This Permit Serves as Notice of Violation, Owner has 30 (thirty) days to repair septic System by 10/3/04

Comments:/Conditions: 3" SCH 40 PVC STEPDOWN USED INSTEAD OF Drop Box AT EXISTING DRAINFIELD

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL SITE 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: Delma C Luffman date 9-3-04 Installed by: ESKER ELDER

Improvement Permit by: William O. Johnson date 9/3/04 Operation Permit by: STEVE HEDRICK date 10-1-04

Authorization to Construct by: William O. Johnson date 9/3/04 Existing System Inspection by: ____ date ____

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