# IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 2-10-00

PERMIT# 87626 PIN# 4710 48 6254

OWNER OR CONTRACTOR J.B. Cashion Design PHONE: Business 5285461 Home

ADDRESS 501 Troutman FM Rd Troutman N.C.

LOCATION Buffalo Shoals TL Laural Cove Rd To end on Rt.

SUBDIVISION Laural Cove BLOCK / SECTION LOT 19 LOT AREA .66 acres SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .32

Septic Tank: 1000 Gallons: STB 1017 Date 2-17-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 375
No Lines 1125 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 2570 Retnt.
Repair System Description: Pump To 2570 Retnt.
Maintenance Agreement Required: ☐ Yes ☑ No

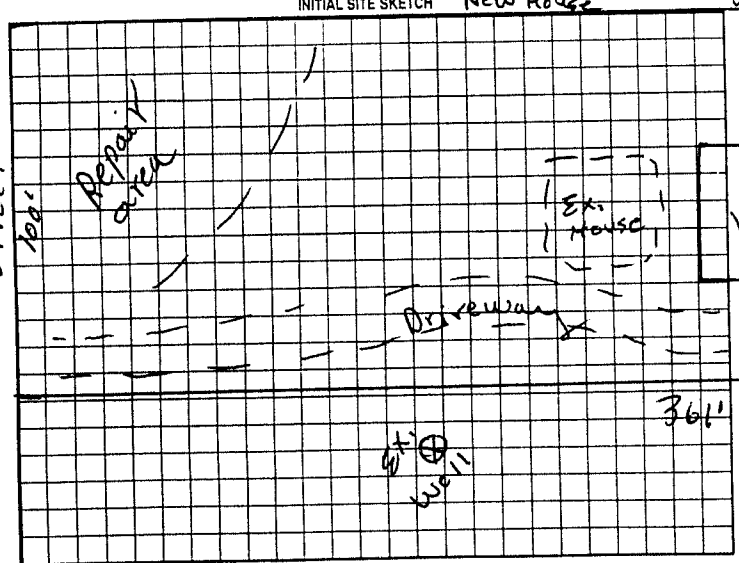
☑ House/Mod. Home No. Bedrooms 4/4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

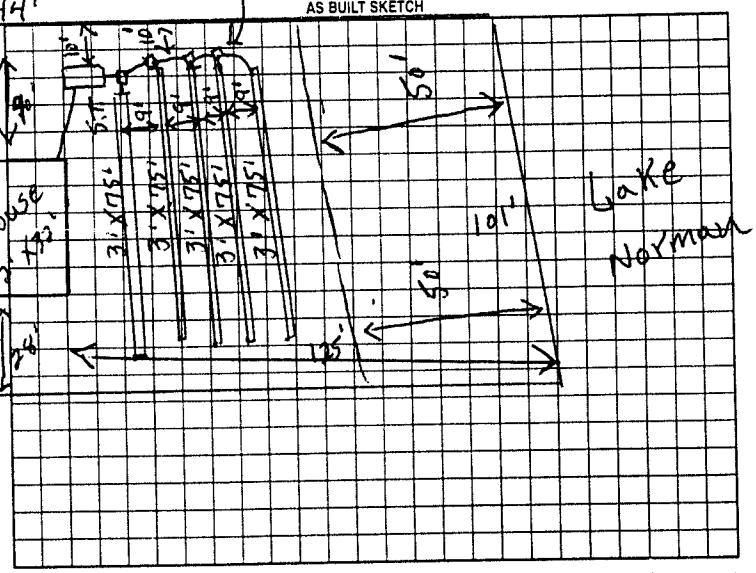
Comments/Conditions: Homeowner is removing Existing House + building New one. Existing S.T. system will not be able to used because it is under area of

Comments/Conditions: Installed as shown

INITIAL SITE SKETCH New House




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: _____ date 2-14-00 Installed by: Steve Tolden

Improvement Permit by: P.C. Moore date 2-10-00 Operation Permit by: _____ date 6-23-00

Authorization to Construct by: P.C. Moore date 2-10-00 Existing System Inspection by: _____ date _____

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