IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 103 080 PIN# 4710 59 2941 DATE 10/15/01

OWNER OR CONTRACTOR Bo of NC Inc. PHONE: Business 704-425-1600 Home

ADDRESS 5734 Hwy 150E Denver NC 28037

LOCATION OMR, TR Buffalo Shoals, TL Laurel Cove, TL Island Terrace, on LT

SUBDIVISION River Hill Est. BLOCK / SECTION LOT 19 LOT AREA SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 312 Date 3-14-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200'
No Lines 5@40' Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity Anel Blck
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

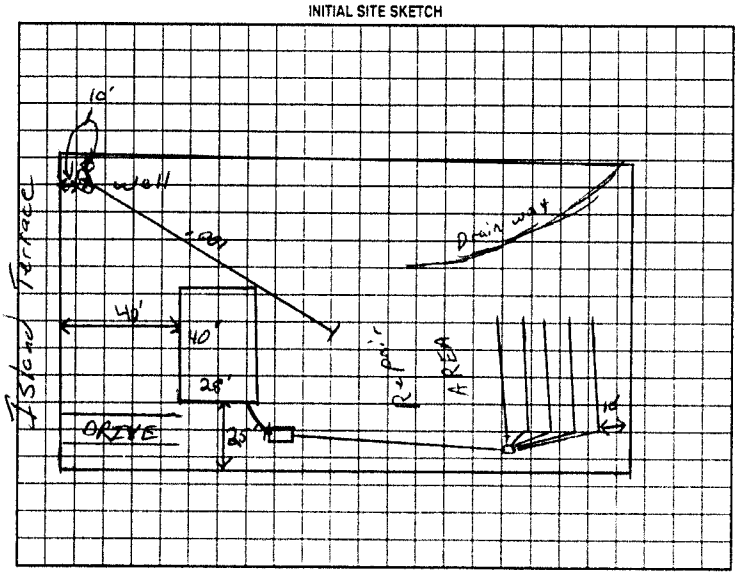
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

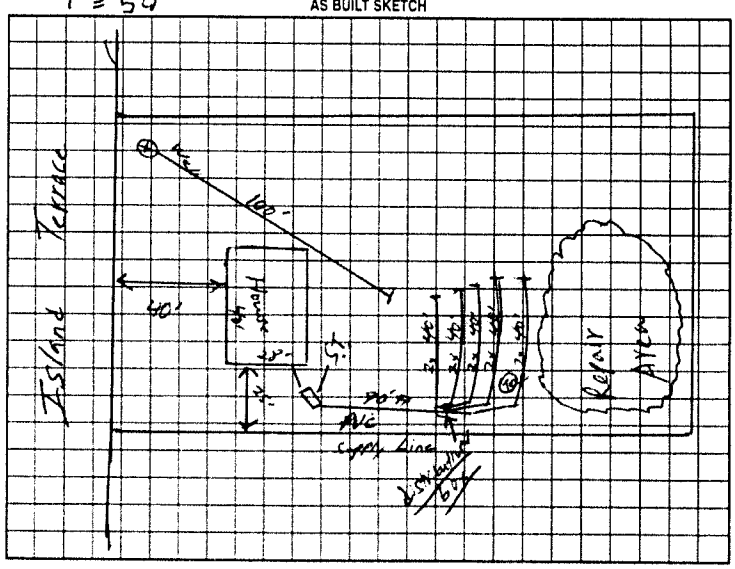
Comments/Conditions: Health Dept. gave prior approval to Both Initial + Repair Areas.
- Label Filter Installed
- Septic Tank Marker Installed

INITIAL SITE SKETCH



1" = 50'

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: Duane Rowland date 10-16-01 Installed by: Tim Ammons

Improvement Permit by: RSE date 10/15/01 Operation Permit by William O. Johnson date 11/26/01

Authorization to Construct by: RSE date 10/15/01 Existing System Inspection by: date

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