IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093866 PIN# 4770993835 DATE 1/24/01

OWNER OR CONTRACTOR Michael Voelske PHONE: Business _____ Home (704) 872-0922

ADDRESS 558 Pineville Rd Troutman, NC 28677

LOCATION Buffalo Shoals, (L) on Pineville Rd, 1.8 miles on (R), 558 Pineville Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .97 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB – Existing – Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 1 @ 20' Trench Width 36" Max Trench Bottom Depth 18"-30" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: Conventional, Gravity

Repair System Description: 50% Reduction

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

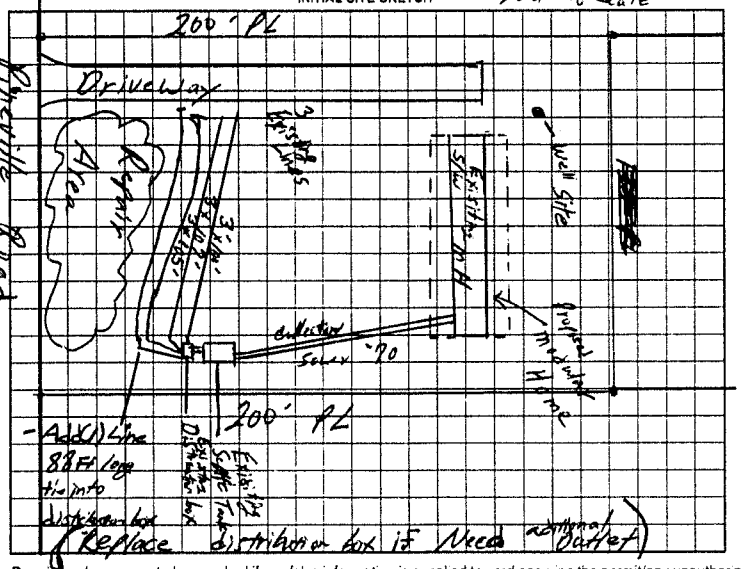
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

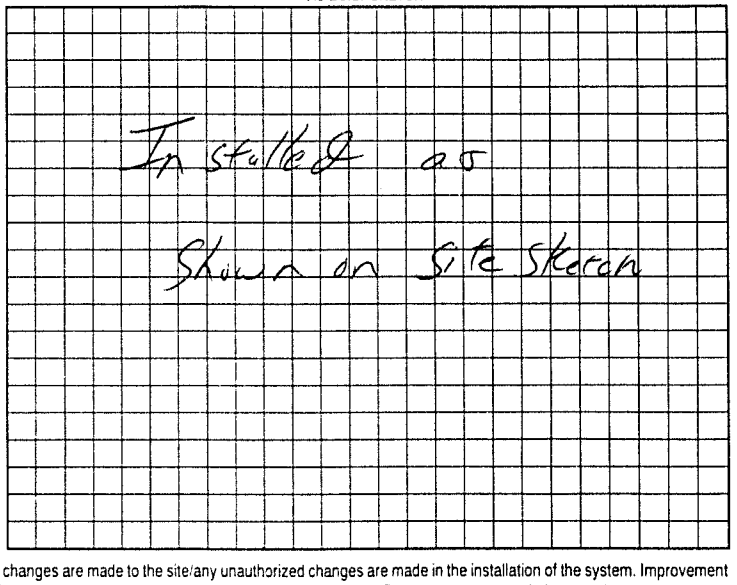
Comments/Conditions: ① add one line minimum 88ft long on Contour ② Replace distribution box if additional outlet Needed.

Comments/Conditions: - Added 90ft of of line

INITIAL SITE SKETCH Not to Scale



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 1/31/01 Installed by: Tommy Frye

Improvement Permit by: William Johnson RSI date 1/24/01 Operation Permit by: William Johnson RSI date 3/26/01

Authorization to Construct by: William Johnson RSI date 1/24/01 Existing System Inspection by: _____ date _____

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