IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217830

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

PIN # 4711-37-2153.000

APPLICANT: Adam Todd Little APPLICANT ADDRESS: 248 Buffalo Shoals Rd. Statesville NC

SITE ADDRESS: 2408 Buffalo Shoals Rd Statesville NC PHONE: 704-402-3050 ALT. PHONE: N/A

SITE DIRECTIONS: Old Mountain Rd., TR Buffalo Shoals, Site on R

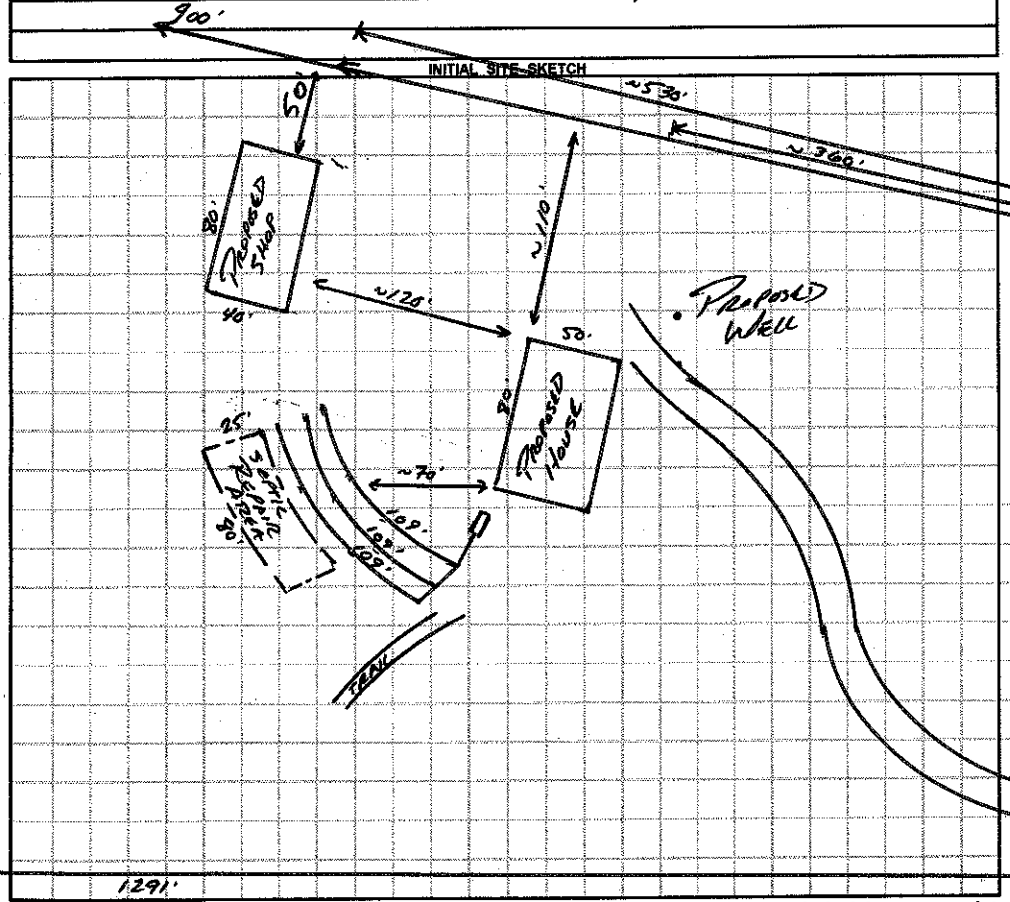
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 8.960 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .275 I/.25 R

Septic Tank	1000 (gal)	STB	760	Date	6-6-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction - Gravity			☐ Business	No. Persons 6
Pump Make	N/A	Model	N/A	Serial #	RL-68	Repair System Description:	LP-PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3@109'	Linear Ft:	327'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab (SHOP)	☒ Crawl Space (HOUSE)
Trench Width	36"	Max. Trench Bottom Depth	30" Lowside	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

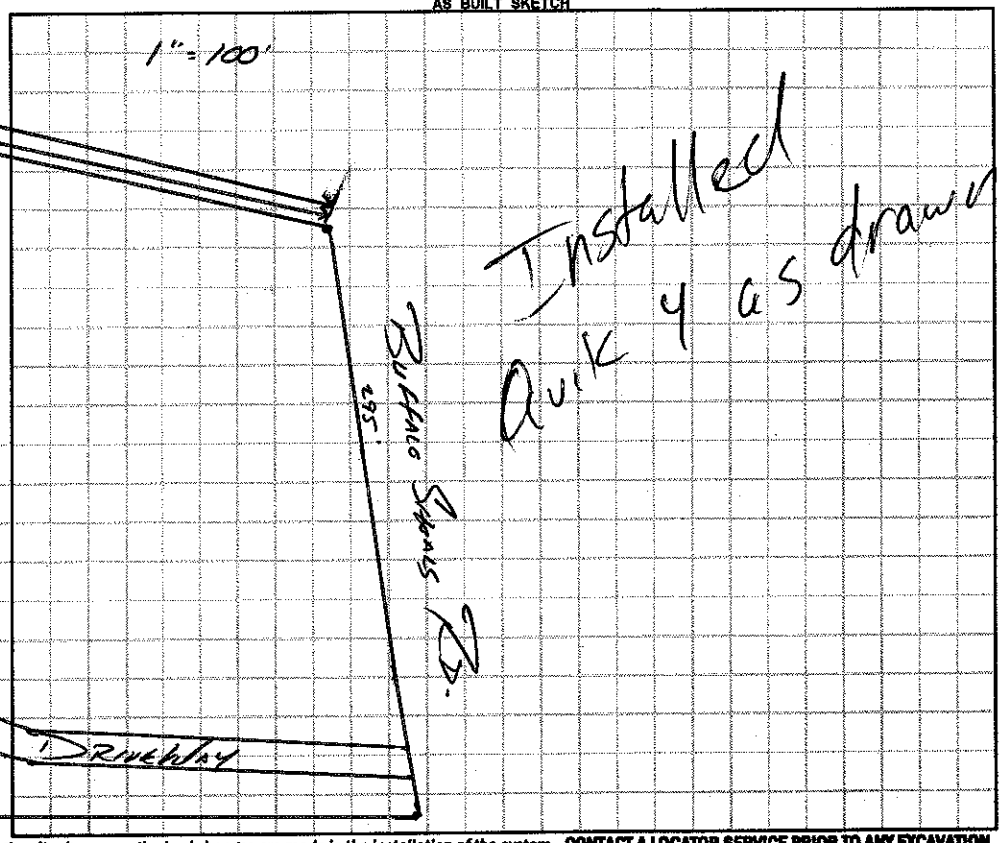
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Fill Trail Minimum 15' From Drainfield.

INITIAL SITE SKETCH



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 10/11/16 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: [signature] Date: 5/31/16 OPERATION PERMIT by: [signature] Date: 08/18/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/31/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK