IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11888 | PIN# 4711-43-2537 | DATE 3-30-04

OWNER OR CONTRACTOR DEWEY GANT | PHONE: Business 704-375-6723 | Home 704-502-6451

ADDRESS P.O. BOX 328 HUNTERSVILLE, NC 28078

LOCATION BUFF SHOALS WEST @ LAUREL COVE CT LOT # 72

SUBDIVISION HARBOR WATCH | BLOCK / SECTION III | LOT 72 | LOT AREA 2.35 | SITE CLASS. PS | DESIGN FLOW 360 | L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-9-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: GRAV CONV
Repair System Description: GRAV SOIL BED | LPS SOIL BED
Maintenance Agreement Required: ☐ Yes ☒ No

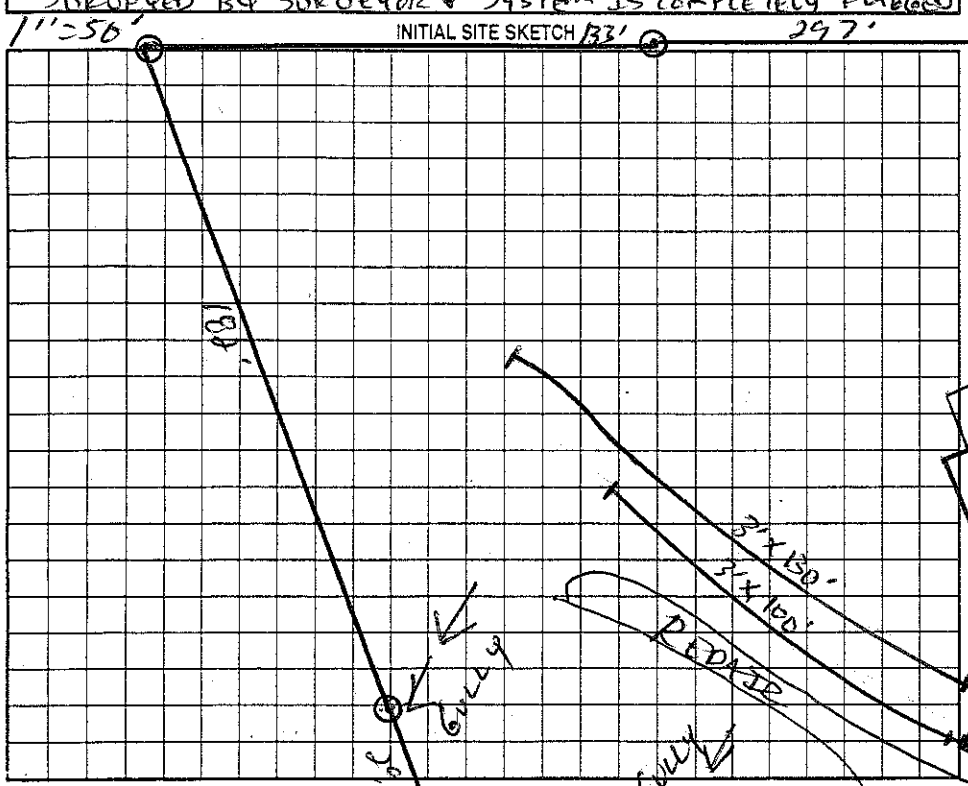
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other + SHED WITH TOILET
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

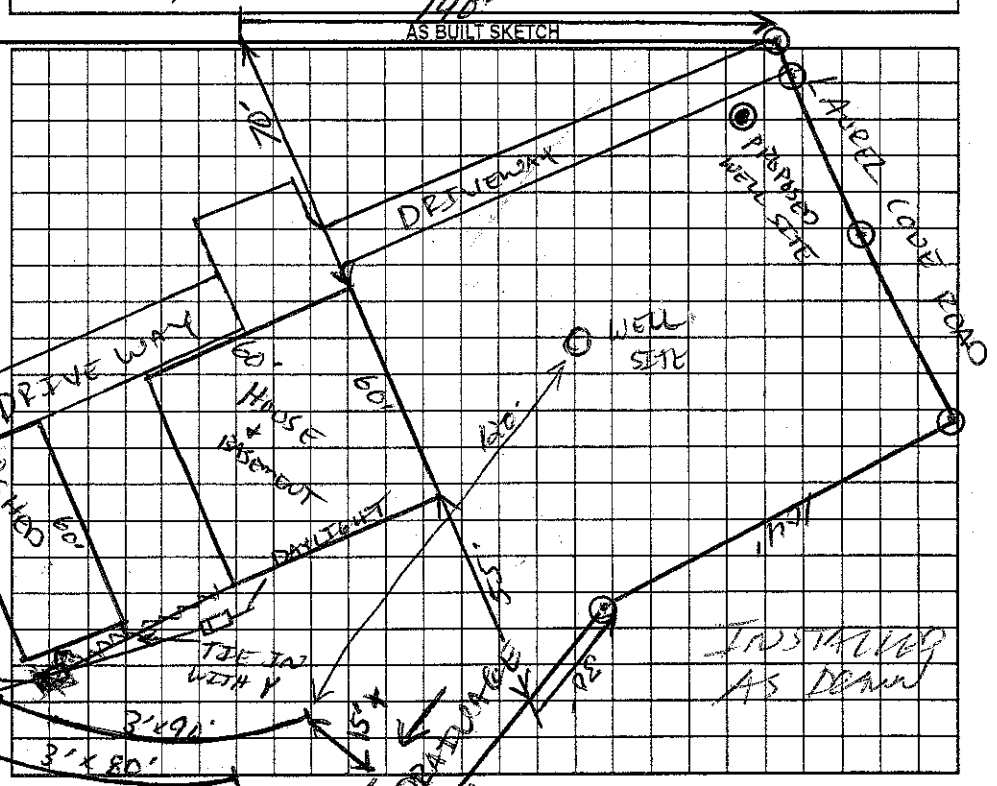
Comments:/Conditions: ① KEEP STUBOUT & BASEMENT DAYLIGHT END HIGH ENOUGH FOR PROPER FALL TO THE SEPTIC TANK; DO NOT GRADE EXCESSIVELY. ② HOUSE SITE SURVEYED BY SURVEYOR & SYSTEM IS COMPLETELY FLAGGED

Comments:/Conditions: OUT ③ MAINTAIN SETBACKS
OWNER AUTHORIZES TANK LOCATION MOVING CLOSER TO THE HOUSE. Spencer Gant TUFFTITE FILTER & MARKER

1"=50' 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. 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: Spencer Gant date 4-7-04 Installed by: DALE WINKLER

Improvement Permit by: [signature] date 3-30-04 Operation Permit by: [signature] date 10-7-04

Authorization to Construct by: [signature] date 3-30-04 Existing System Inspection by: _____ date _____

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