# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135422 PIN# 4711 43 7232 DATE 2-5-07

OWNER OR APPLICANT Cory CLINE 704-506-6499

ADDRESS 1406 OLIVE CT Statesville, NC 28677 PHONE: Business 704-880-3754 Home 704-872-6091

LOCATION BUFFALO SHOALS ① LAUREL COVE ON RT BL GATE

SUBDIVISION LAKESIDE WATCH BLOCK / SECTION III LOT 64 LOT AREA 1.86 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 704 Date 5-7-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet EQ=1600 Linear Feet 400'

No. Lines 3x133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: GRAVITY 25% REDUCT

Repair System Description: LP 25% REDUCT/CAP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees ____

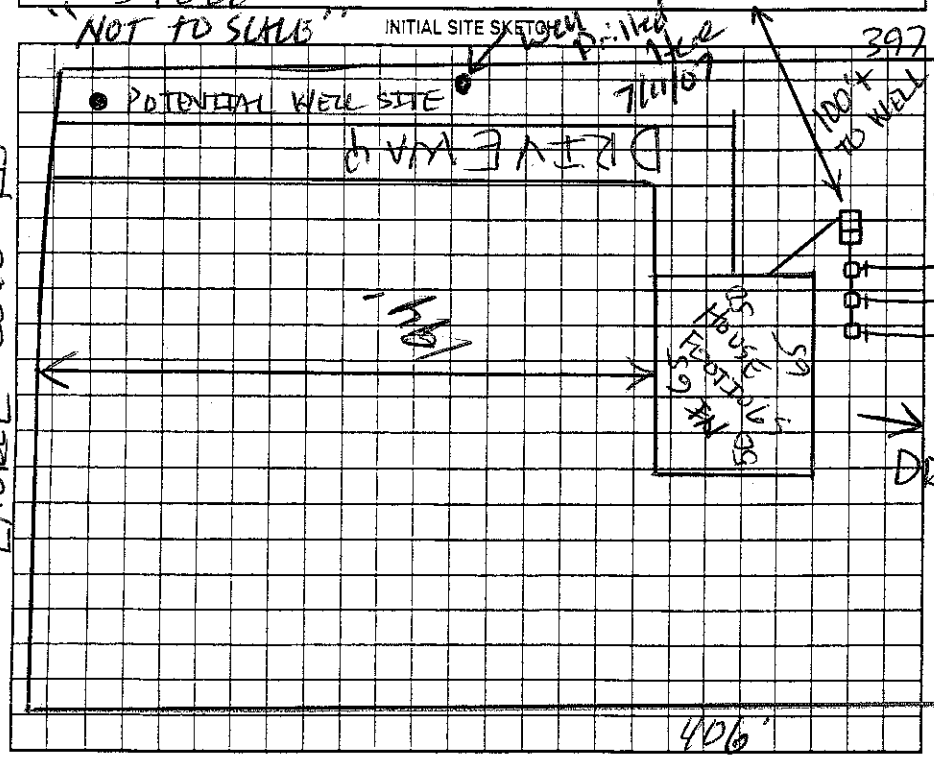
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

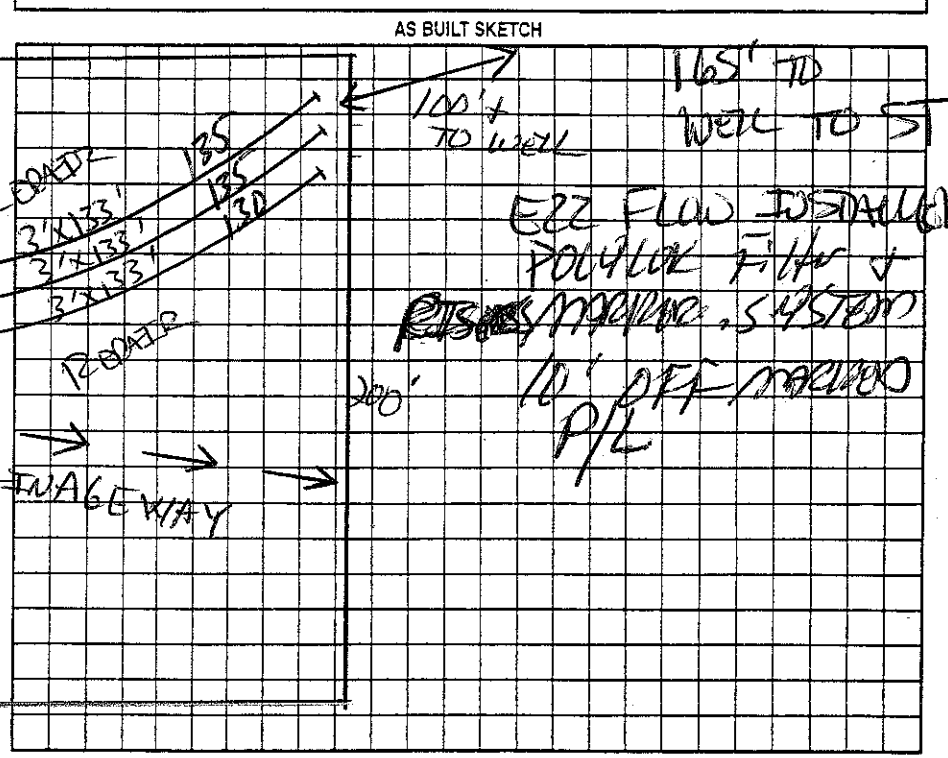
Comments:/Conditions: ① INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS ② THIS PERMIT IS A REDRAW & VOIDS PREVIOUS PERMIT ISSUED ON 5-18-06

Comments:/Conditions: PLANS SUBMITTED ARE FOR 3 BEDROOMS. OWNER WANTS A 4 BEDROOM SYSTEM.

"NOT TO SCALE" 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: _____ date 2/6/07 Installed by: HALL CONSTRUCTION

Improvement Permit by: _____ date 2-5-07 Operation Permit by: _____ date 7-11-07

Authorization to Construct by: _____ date 2-5-07 Existing System Inspection by: _____ date _____

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