IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 33767 PIN# 4711463117 DATE 3-14-06

OWNER OR APPLICANT Joseph C. & Marilyn West PHONE: Business _____ Home 704 902-0899

ADDRESS 000 Canal Cove Rd Statesville NC

LOCATION Buffalo Shoals Rd to Canal Cove Property on Left

SUBDIVISION Buffalo Shoals BLOCK / SECTION _____ LOT 36 LOT AREA 1.52 SITE CLASS B DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 10-12 Date 9-26-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 500 Linear Feet 200
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

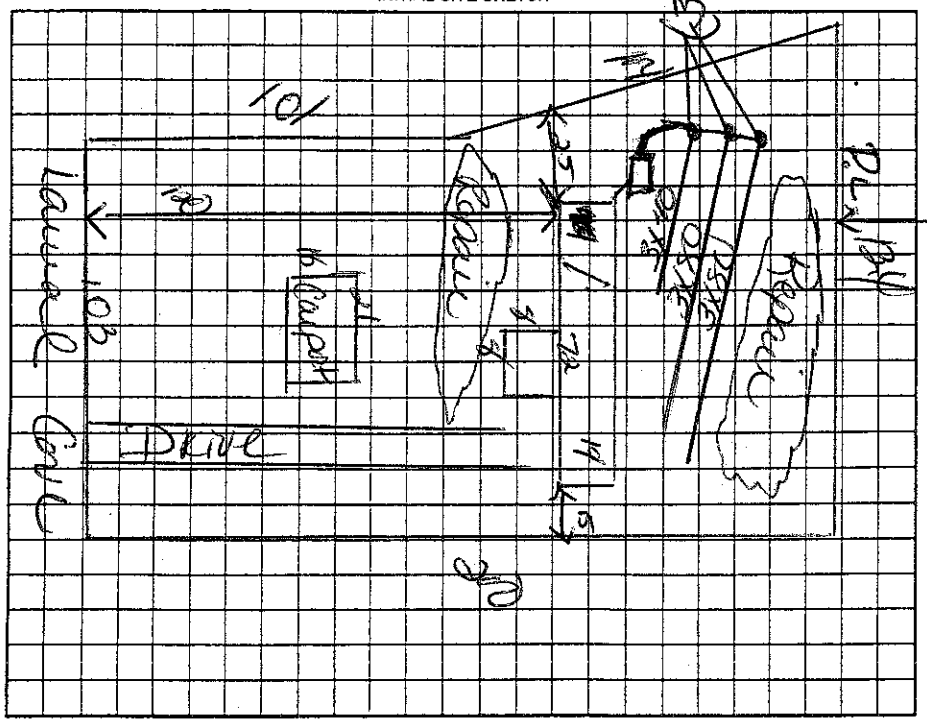
Water Supply: ☐ Individual ☐ Public ☑ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

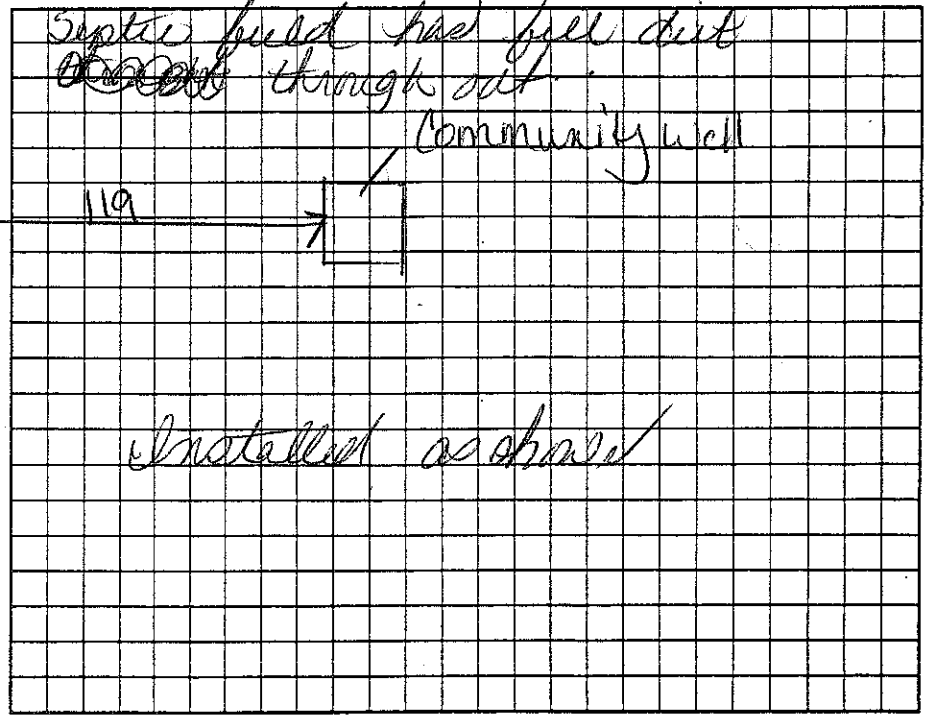
Comments:/Conditions:
Yellow tuft-tite Septic tank Marker

Comments:/Conditions:
Install on Contour
Maintain all setbacks

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: Dennis Ballew date 3-14-06
Improvement Permit by: Kenny Cox date 3-14-06
Authorization to Construct by: Kenny Cox date 3-14-06

Installed by: A-1 Backhoe
Operation Permit by: Kenny Cox date 3-14-06
Existing System Inspection by: _____ date _____

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