IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105187 PIN# 4711-46-4645 DATE 3/4/02

OWNER OR CONTRACTOR James Carroll PHONE: Business — Home (704) 585-6210

ADDRESS 2345 Buffalo Shoals Road Statesville N.C. 28677

LOCATION Buffalo Shoals (@ 2345 Buffalo Shoals) on Left before Laurel Cove Rd

SUBDIVISION Buffalo Shoals BLOCK / SECTION ____ LOT 3 LOT AREA — SITE CLASS — DESIGN FLOW 360 L.T.A.R. —

Septic Tank: Existing 1,000 Gallons; STB ____ Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200
No Lines 2 Trench Width — Max Trench Bottom Depth — Gravel Depth 16"

☐ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Existing County, Conv.
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

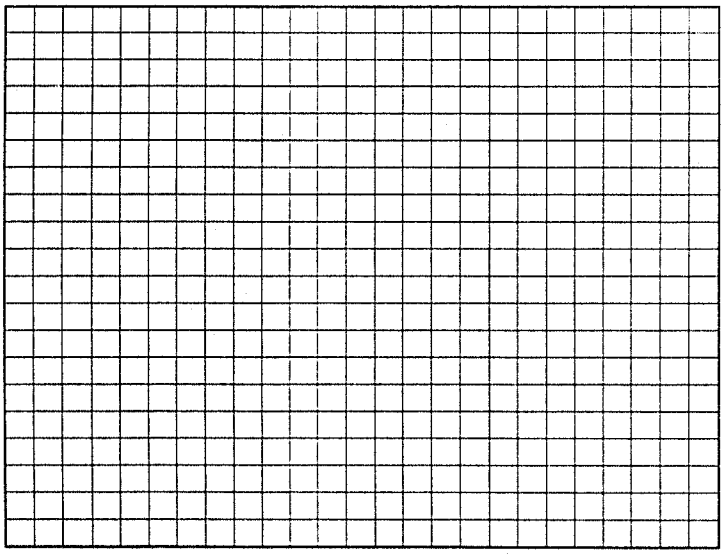
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

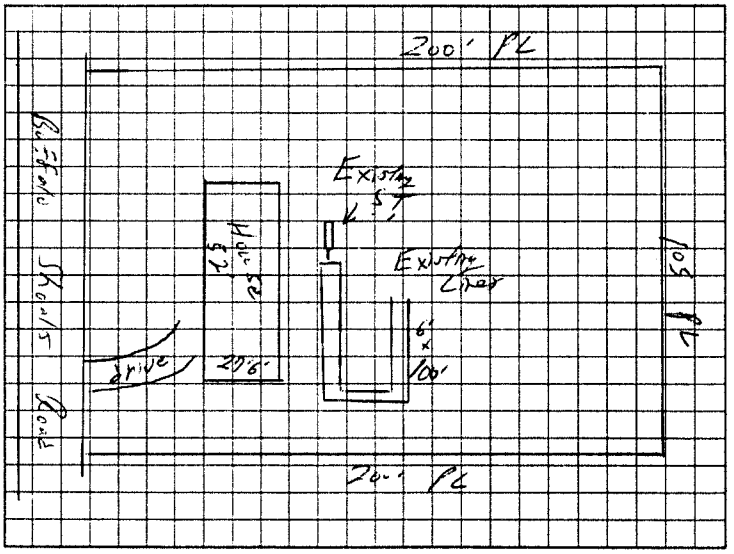
Comments:/Conditions:

Comments:/Conditions: Existing System Okay @ time of Inspection. Keep House min 5 ft from ST + Ex Lines. (Original - Walk Riser → 9/16/97)

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: [signature] date 3-5-02 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: William C. Johnson date 3/4/02

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