IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# [redacted] 125224 PIN# 4711-56-1998 DATE 12-8-04

OWNER OR CONTRACTOR EXPRESSION HOMES PHONE: Business 704-746-5310 Home 704-528-7960

ADDRESS 1042 CHARLOTTE HWY, TROUTMAN, NC 28166

LOCATION BUFFALO SHOALS WEST 2ND LOT ON LEFT PAST HAROLD LANE

SUBDIVISION BUFFALO SHOALS PARK BLOCK / SECTION ____ LOT 10 LOT AREA 0.491 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ=1200 Linear Feet 150'

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 60% 50% REDUCT

Repair System Description: LP 50% REDUCT

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

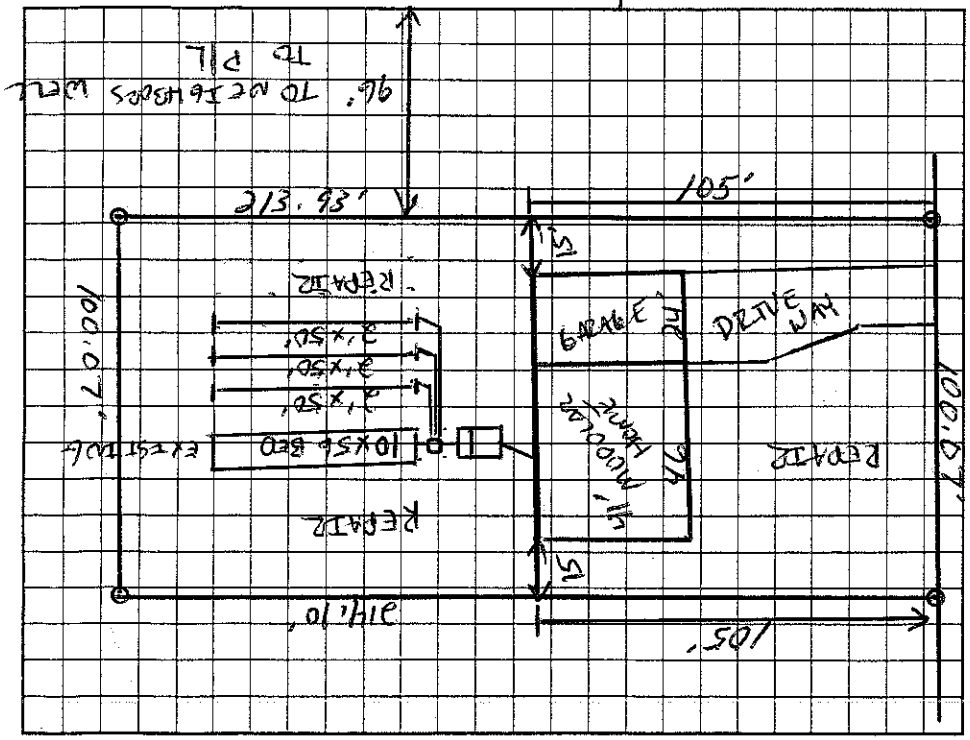
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☒ Community

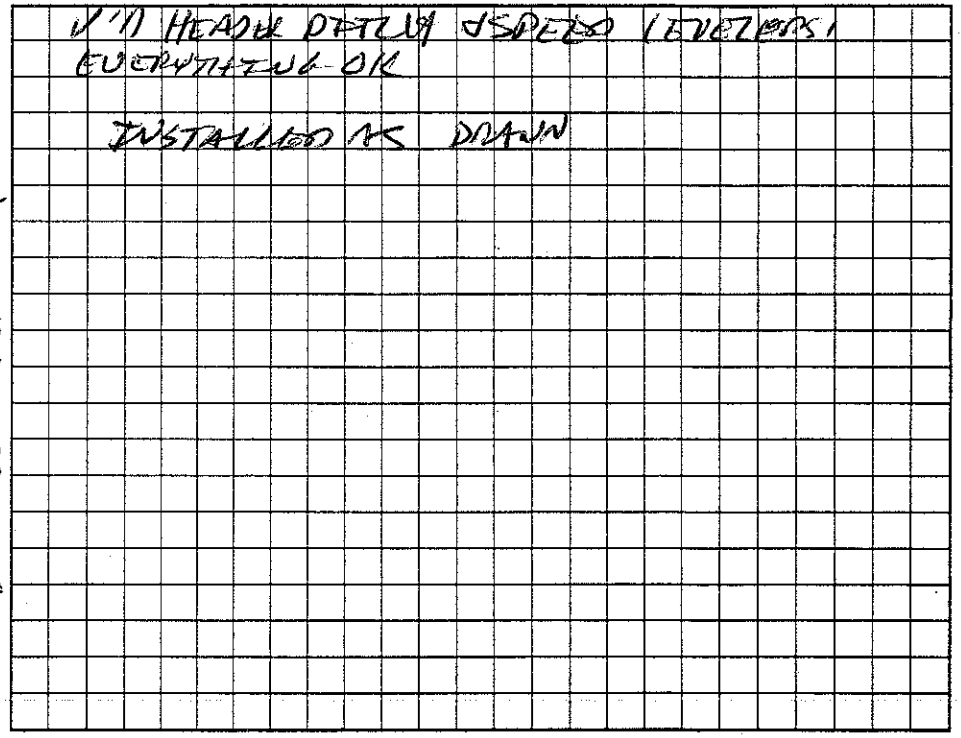
Comments/Conditions: (1) USE DIST BOX & SPEED LEVELERS (2) INSTALL 3 LINES / 50' LONG ADDED TO EXISTING BED SYSTEM (3) MAINTAIN SETBACKS

Comments/Conditions: V'D LINES, INSTALLED BY HOUSE SETUP WORKS
HEADER DITCH & DIST BOX WITH SPEED LEVELERS
ORIGINAL CONCRETE T IN TANK IS OK

INITIAL SITE SKETCH 1"=50'



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 ____

Improvement Permit by: [signature] PS date 12-8-04

Authorization to Construct by: [signature] PS date 12-8-04

Installed by: C. THOMPSON

Operation Permit by: [signature] date 1-10-05

Existing System Inspection by: ____ date ____

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