IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112827 PIN# 4711-65-~~2851.11~~ 4945 DATE 08/04/03

OWNER OR CONTRACTOR D & D ENTERPRISE PHONE: Business 704-528-6192 ~~Home~~ 704-363-2634

ADDRESS P.O. BOX 5602 STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS RD., (L) PINEVILLE RD., (R) BRAXTON DR., ~7TH LOT ON LEFT.

SUBDIVISION PINEVILLE RD. EST. BLOCK / SECTION 2 LOT 11 LOT AREA 0.76 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 744 Date 11-12-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 200
No Lines 5 @ 40' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: 50% REDUCTION, GRAVITY
Repair System Description: 50% REDUC., LOW PRESS.
Maintenance Agreement Required: [ ] Yes [X] No

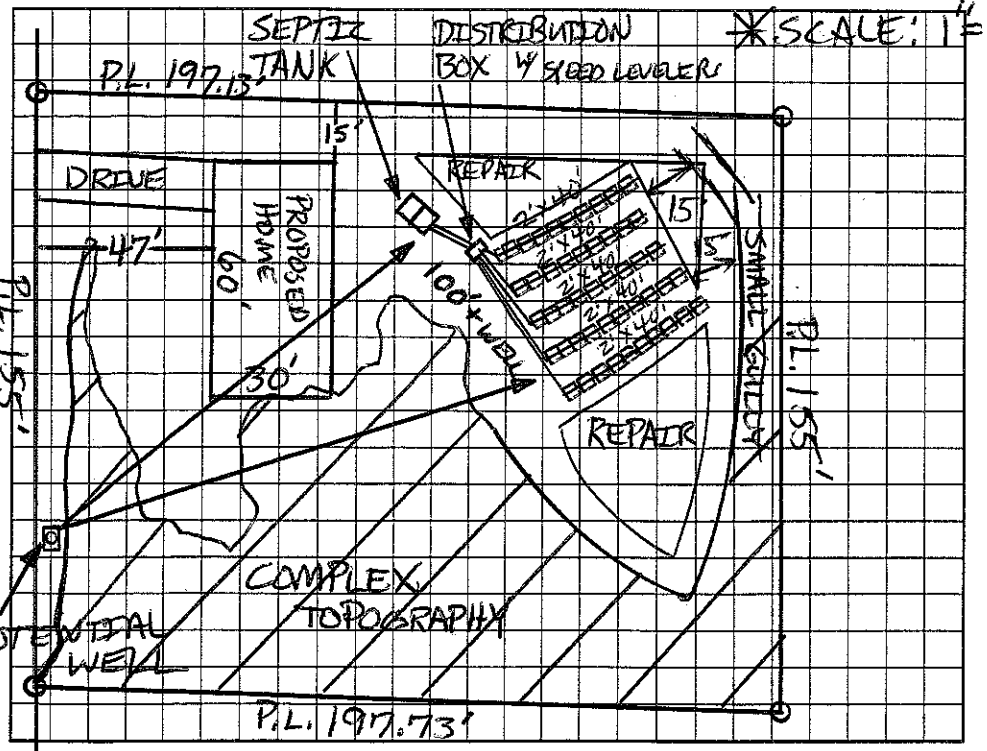
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community
WELL

Comments:/Conditions: (1) USE 9 PANELS PER LINE (45 PANELS TOTAL TO EQUAL 200'). (2) USE 1 DISTRIBUTION BOX WITH SPEED LEVELERS TO ACHIEVE EQUAL DISTRIBUTION, (3) SYSTEM MUST BE 100' + FROM ANY WELL (15A NCAC 18A .1956(4)).

Comments:/Conditions: 2ABCL FILTER ULTRACEPT

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN
INSTALLED DURING WET SOIL CONDITIONS

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 ____ Installed by: LANCE LINVILLE

Improvement Permit by: Patrick Mitchell date 08/04/03 Operation Permit by: ____ date 3-2-04

Authorization to Construct by: Patrick Mitchell date 08/05/03 Existing ~~System~~ Inspection by: ____ date ____

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