IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118177 PIN# 4711-66-2012 DATE 2/3/04

OWNER OR CONTRACTOR D & P Enterprise PHONE: Business (704) 528-619 Home (704) 363-2634

ADDRESS P.O. Box 5602 Statesville, NC 28677

LOCATION Buffalo Shoals Rd (L) or Pineville Rd (R) or Braxton Drive - Seventh Lot on Right

SUBDIVISION Pineville Rd Estates BLOCK / SECTION — LOT 16 LOT AREA .70 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 4-7-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines _____ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Reduction, Gravity

Repair System Description: 50% Reduction, Low Pressure

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

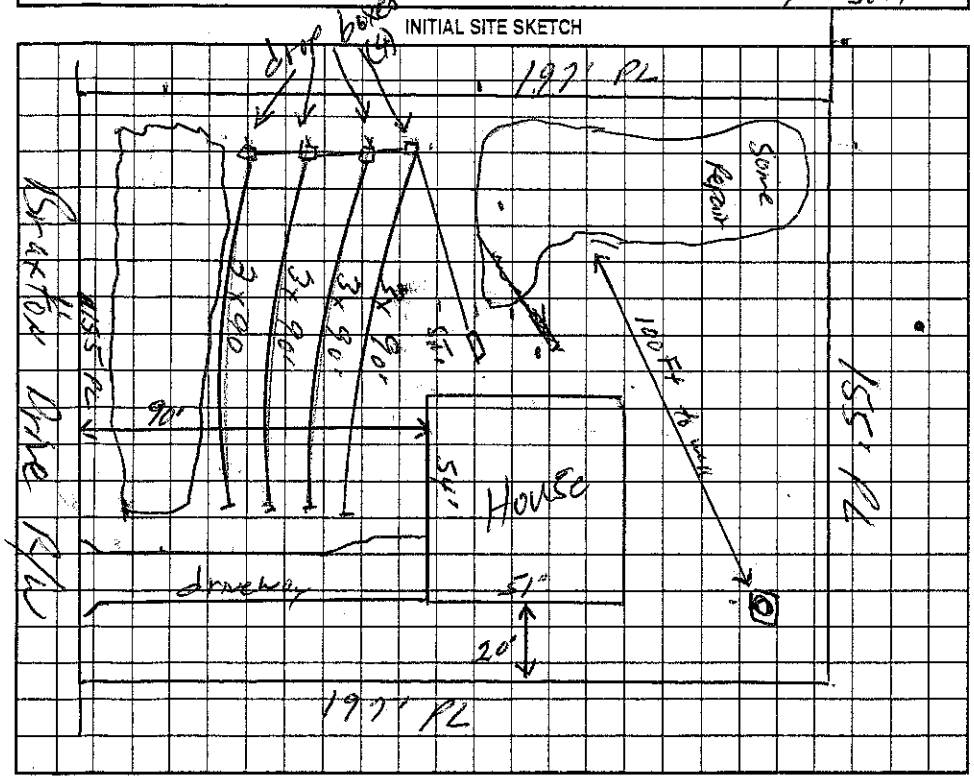
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ① well must be 100ft from any part of Septic System (15A NCAC 18A .1956(6)(a)).

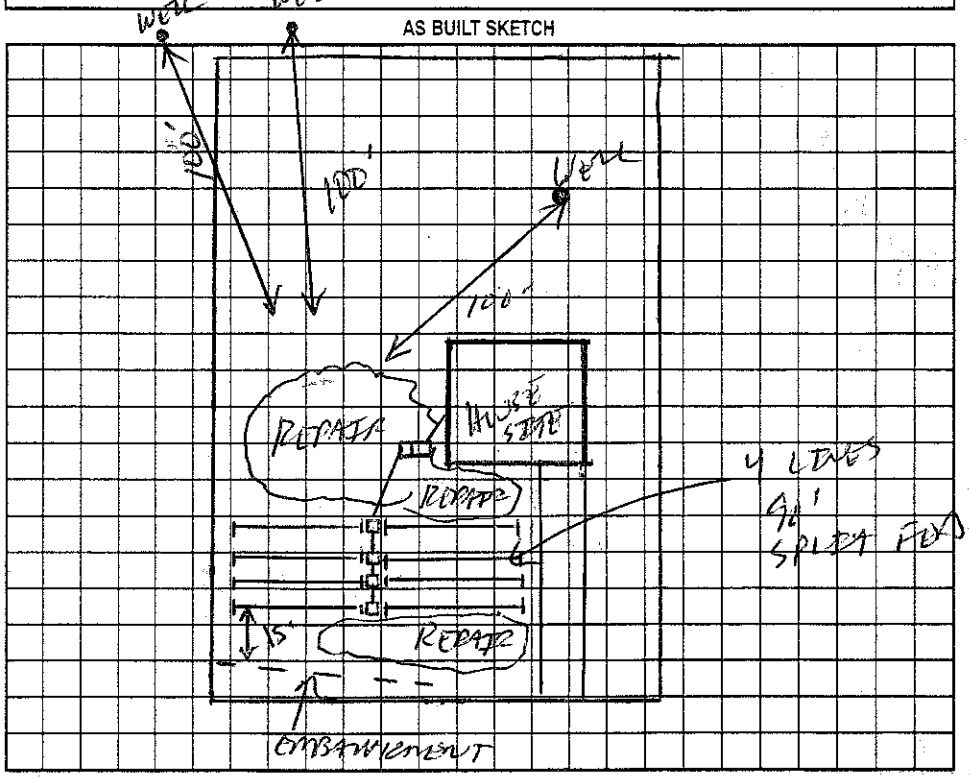
Comments:/Conditions: TUFTIRE FILTER MANUAL

INITIAL SITE SKETCH

1" = 50 Ft



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: Larry Sherrill date 2/4/04

Improvement Permit by: William O. Jackson date 2/3/04

Authorization to Construct by: William O. Jackson date 2/3/04

Installed by: Iredell Backhoe

Operation Permit by: [signature] date 6-4-04

Existing System Inspection by: _____ date _____

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