IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112829 PIN# ~~4711-65-2851.28~~ 4711-66-~~[illegible]~~ 3311 DATE 06/11/03

OWNER OR CONTRACTOR CHRIS DAVIDSON PHONE: Business 704-528-6192 Home 704-363-2634

ADDRESS P.O. BOX 5602 STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS RD. SOUTH, (L) PINEVILLE RD., (R) BRAXTON DR., ~0.15 MILES ON RIGHT.

SUBDIVISION PINEVILLE RD. EST. BLOCK / SECTION ____ LOT ~~28~~ 14 LOT AREA ~0.69 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 312 Date 8-30-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUC., LOW PRESS.
Maintenance Agreement Required: ☐ Yes ☒ No

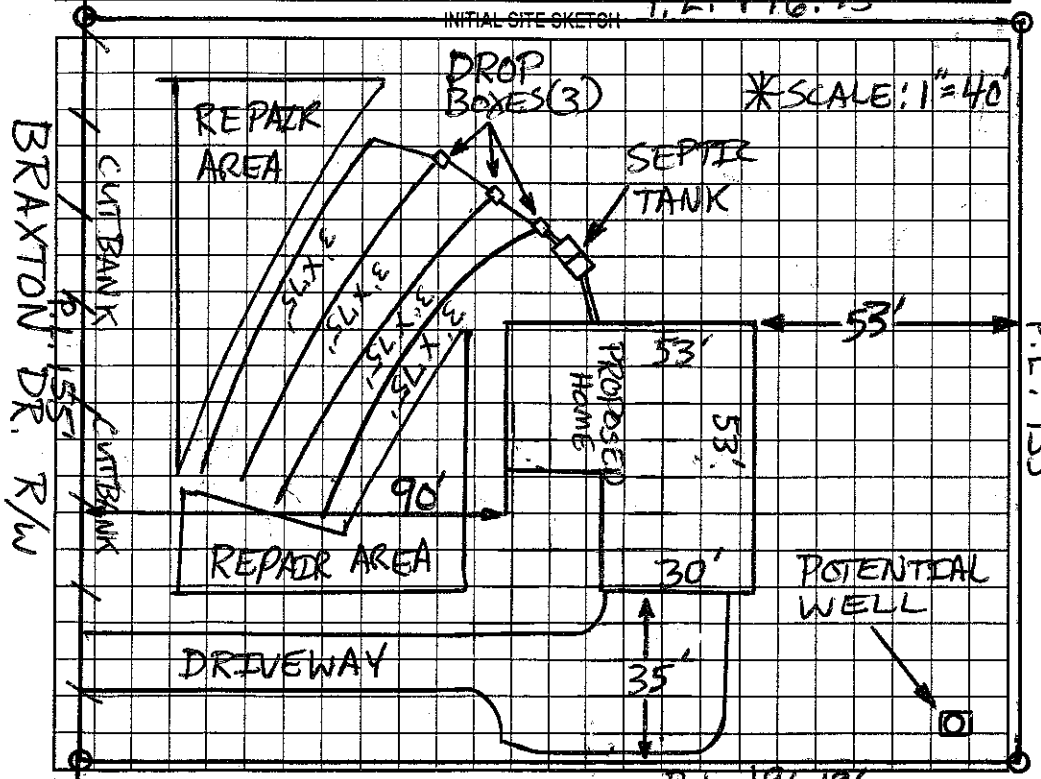
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

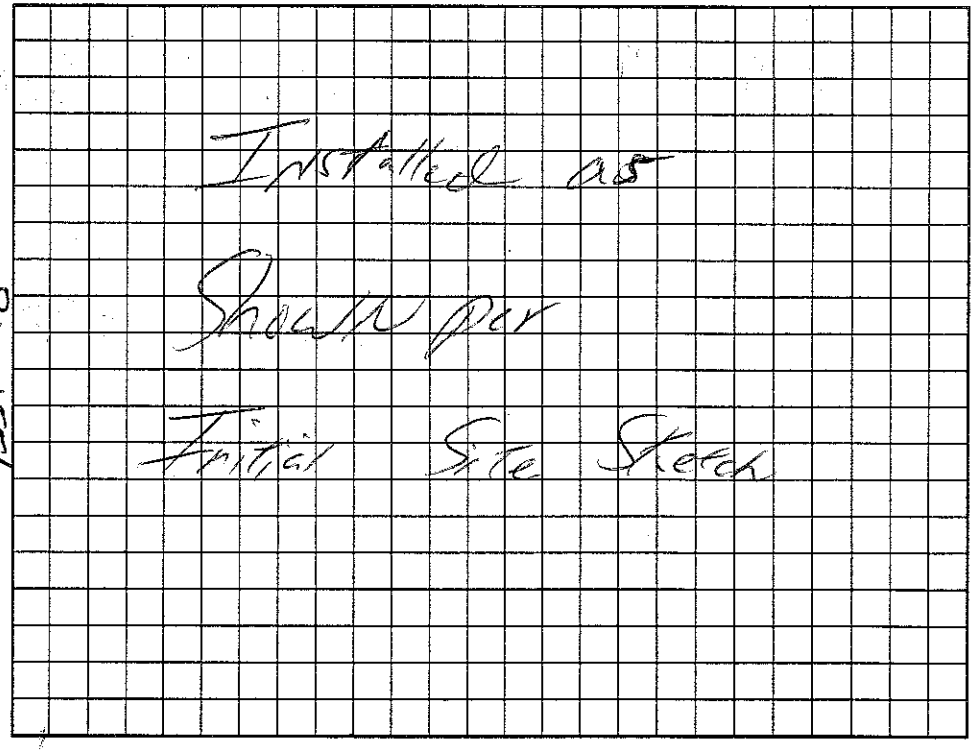
Comments:/Conditions: (R) WELL MUST BE 100' PLUS FROM ANY PART OF SEPTIC;

Comments:/Conditions: - Label Fitts Installed
- 49 Infiltrator Chambers Installed

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 6/06/03 Installed by: Lance Lytle

Improvement Permit by: Patrick Mitchell date 06/11/03 Operation Permit by: William O. Johnson date 10/16/03

Authorization to Construct by: Patrick Mitchell date 06/16/03 Existing System Inspection by: ____ date ____

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