3.00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5306 (CT) MOORESVILLE 704-664-5281

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

PERMIT# 19662 PIN# 4711-66-4089 BRD SHAPE DATE 10-27-06

OWNER OR APPLICANT D&D ENTERPRISES PHONE: Business 704-902-0900 Home 704-528-6197

ADDRESS P.O. BOX 5602 Statesville NC 28687

LOCATION BUFFALO SHOALS WEST @ Pinkville RD @ BRATTON LOT #10 ON LEFT

SUBDIVISION Pinkville RD EST BLOCK / SECTION 2 LOT 10 LOT AREA 1.705 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 1-16-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1440' Linear Feet 370'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: GRAVITY 35% REDUCTION
Repair System Description: LPP 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN SUBMITTED BY ROLLANS SOIL & ENVIRONMENTAL SERVICES, THIS IS A REDRAW & REPLACES Previous Permit Dated 7-30-04

AS BUILT SKETCH

10
17 ☐ 9
12 ☐ 10
7 ☐ 12
12
7

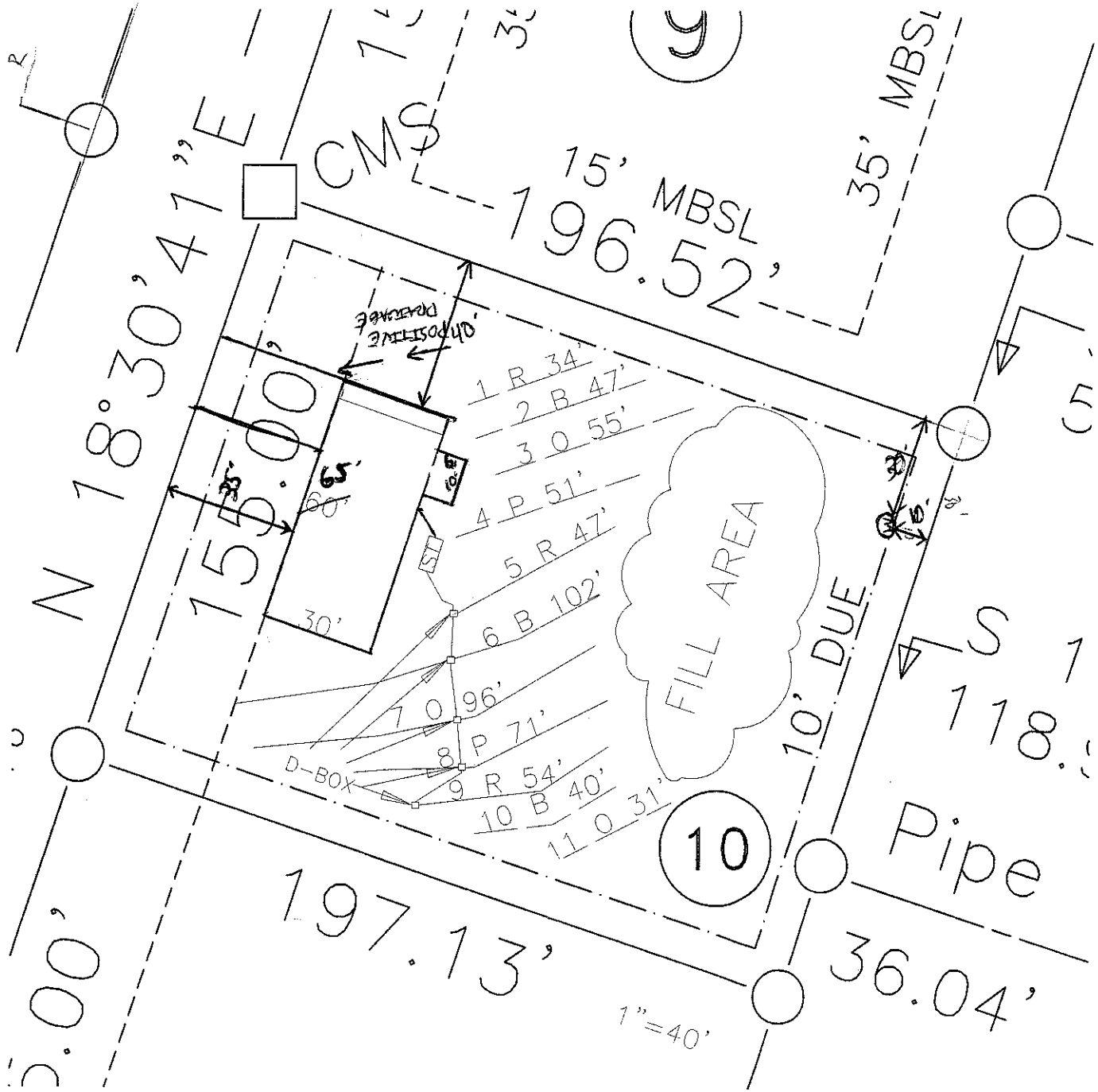
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan 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 10-27-06 Installed by: Ronnie Septic

Improvement Permit by: [signature] date 10-27-06 Operation Permit by: [signature] date 3-13-07

Authorization to Construct by: [signature] date 10-27-06 Existing System Inspection by: ____ date ____

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


N 18°30'41"E
CMS
15' MBSL
196.52'
35' MBSL
150.00'
POSITIVE DRAINAGE
40'
1 R 34'
2 B 47'
3 O 55'
4 P 51'
5 R 47'
6 B 102'
7 O 96'
8 P 71'
9 R 54'
10 B 40'
11 O 31'
65'
60'
30'
10'
FILL AREA
10' DUE
D-BOX
10
197.13'
36.04'
Pipe
1"=40'