Goulds Model # WE0311M 1/3 HP # Serial M0051223 THIS PERMIT VOIDS PREVIOUS ISSUED 7-20-2000

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090429 PIN# 4711 66 3180 (PT) DATE 1-2-01

OWNER OR CONTRACTOR D & D ENTERPRISES PHONE: Business 528-6192 Home 363-2634 (CELL)

ADDRESS P.O. Box 5602, STATESVILLE NC 28687

LOCATION BUFFALO SHOALS RD, TL PINEVILLE ROAD, TR BRAXTON DRIVE 2ND LOT ON LEFT

SUBDIVISION PINEVILLE RD. ES BLOCK / SECTION ____ LOT 5 LOT AREA 0.67 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons, STB 1012 Date 9-6-00
Pump Tank: 1000 Gallons, PT 1012 Date 9-28-00
Pump Make: Goulds Model WE0311M Serial No M0051223
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL, PUMP
Repair System Description: 50% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

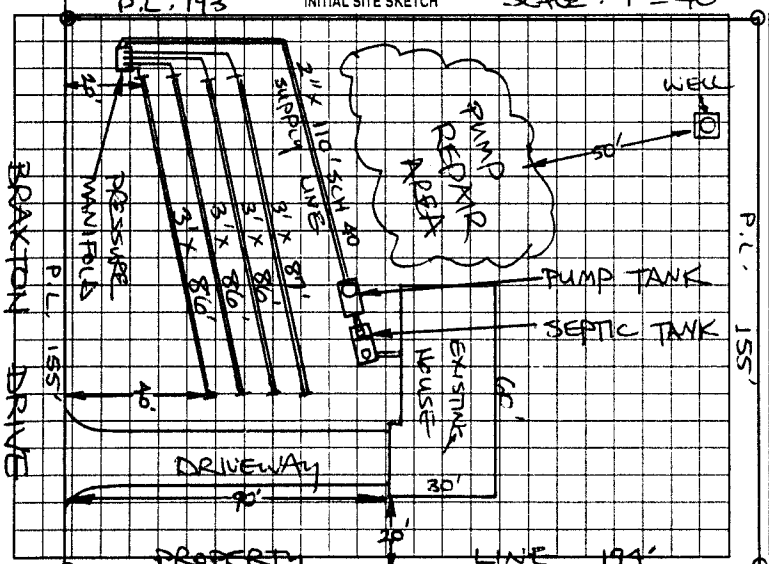
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: ① NO VEHICULAR TRAFFIC ALLOWED OVER AREA OF DRAINFIELD ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

Comments/Conditions: - ST maker PT Riser Installed
- poly-lok Filter Installed

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

Installed as Drawn

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: Neil Kale date ____ Installed by: David Yountz

Improvement Permit by: STEVE HEDRICK date 1-2-01 Operation Permit by: William O. Johnson RSI date 1/10/01

Authorization to Construct by: STEVE HEDRICK date 1-2-01 Existing System Inspection by: ____ date ____

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