IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101832 PIN# 4714-66-9590 DATE 7/27/01

OWNER OR CONTRACTOR Chris Davidson PHONE: Business (704) 363-2634 Home (704) 528-6192

ADDRESS P.O. Box 5607 Statesville NC. 28687

LOCATION Buffalo Shoals Rd Mooresville to Lambs Rock Lane 2nd lot on Right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.5A SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 4000 Gallons: STB 794 Date 11-26-00
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields ____ Square Feet 1029 Linear Feet 343'
No Lines 4@90' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity, Conv.
Repair System Description: Gravity, 50% Reduction
Maintenance Agreement Required: ☐ Yes X No

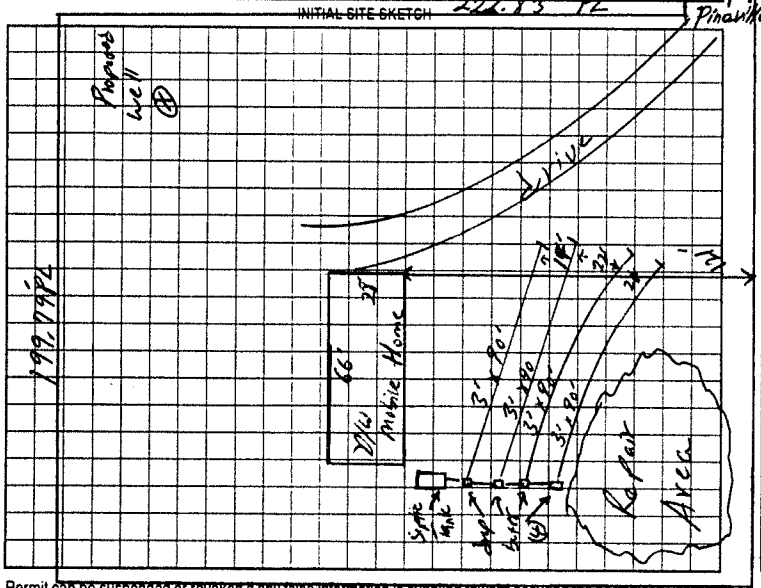
☐ House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

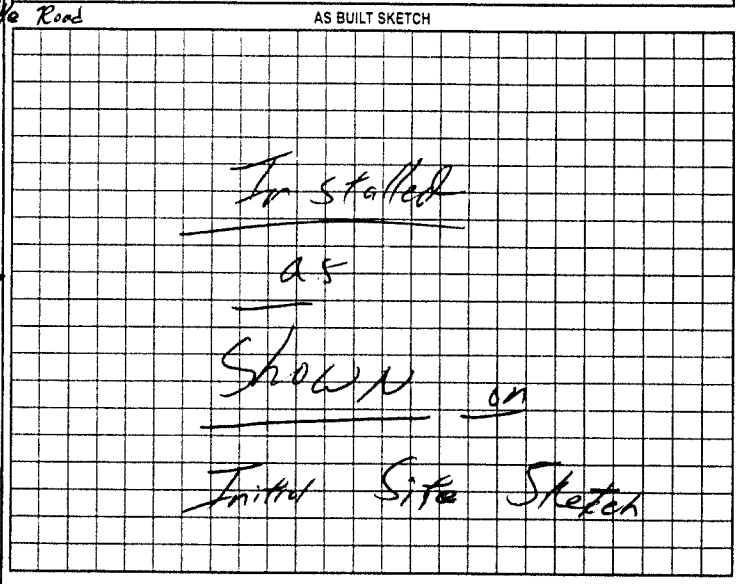
Comments/Conditions: ① Keep System 100ft From well ② Install lines on Contour ③ Do not install when wet

Comments/Conditions: - Zebel Filter Installed - Max Kut 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: Authr. Neal Kale date 7-30-01

Improvement Permit by: William O. Johnson date 7/27/01

Authorization to Construct by: William O. Johnson date 7/27/01

Installed by: Lance Cingle

Operation Permit by: William O. Johnson date 10/4/01

Existing System Inspection by: ____ date ____

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