IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 69623 PIN# 4711 67 1123 DATE 1-12-98

OWNER OR CONTRACTOR BETTY BALL PHONE: Business Home 872-2527

ADDRESS 111 PINEVILLE ROAD, STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS ROAD SW, TL PINEVILLE ROAD, 1ST LOT ON RIGHT

SUBDIVISION BALLS LITTLE VILLAGE BLOCK / SECTION ____ LOT 1 LOT AREA 0.5398 AC SITE CLASS. IPS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-12-98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet 810 Linear Feet 270

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 GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

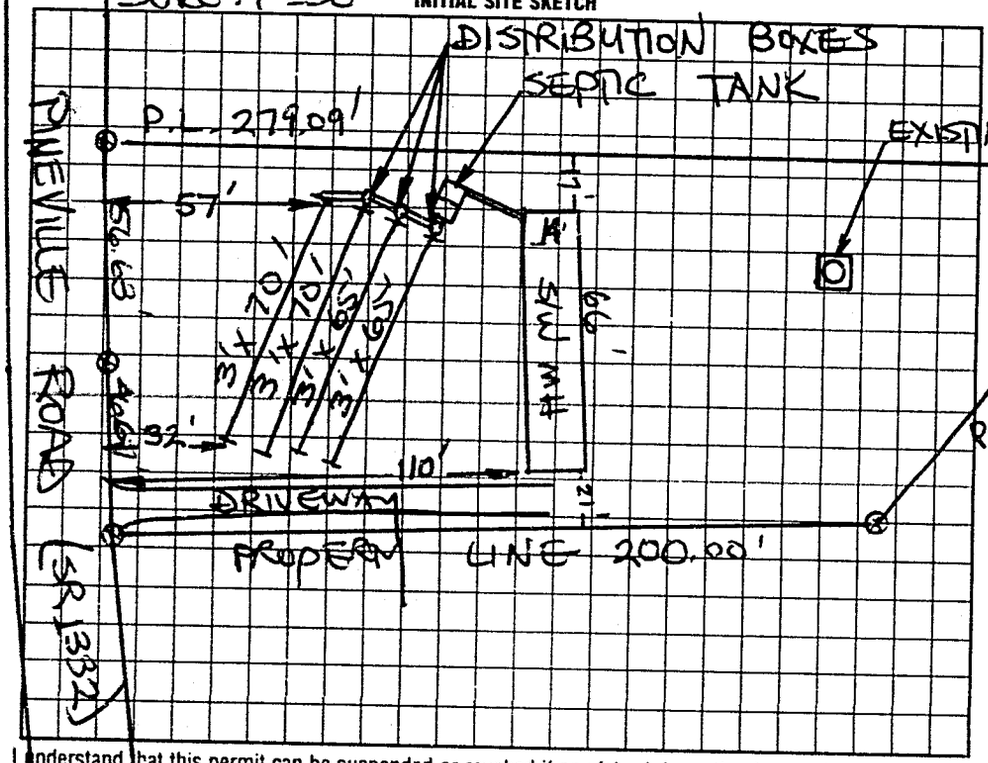
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community EXISTING WELL

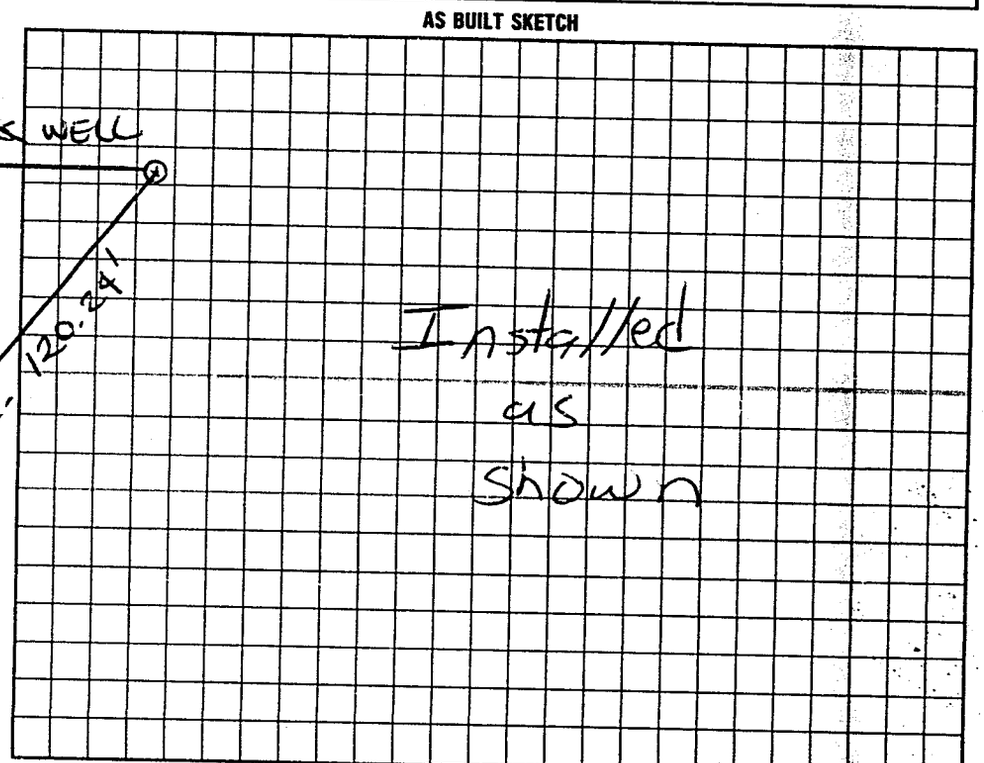
Comments:/Conditions: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② INSTALL LINES ON CONTOUR AS FLAGGED.

Comments:/Conditions:

SCALE: 1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 1-12-98

Improvement Permit by: STEVE HEDRICK date 1-12-98

Authorization to Construct by: STEVE HEDRICK date 1-12-98

Installed by: Donald Lackey

Operation Permit by: [signature] date 4-2-98

Existing System Inspection by: ____ date ____

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