IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~10550~~ 18045 PIN# 4711-72-0359 DATE 12-19-03

OWNER OR CONTRACTOR Michael COOPER PHONE: Business _____ Home 704-878-0320

ADDRESS 133 ANGELA LANE STATESVILLE NC 28677

LOCATION BUFF SHOALS (L) PINEVILLE, (R) OSTWALT FARM, (O) AT 4, ON RT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.38 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB 630 Date 10-6-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440' Linear Feet 480
No Lines 3 SPLIT Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV GRAV
Repair System Description: GRAV 2501 220
Maintenance Agreement Required: ☐ Yes ☒ No

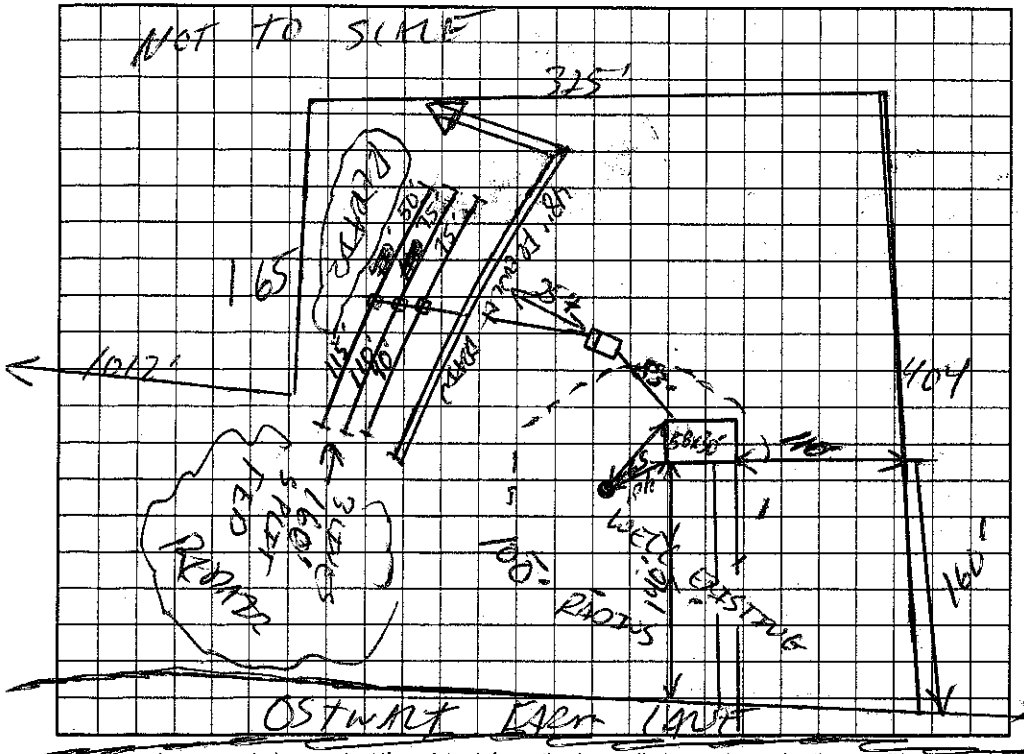
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

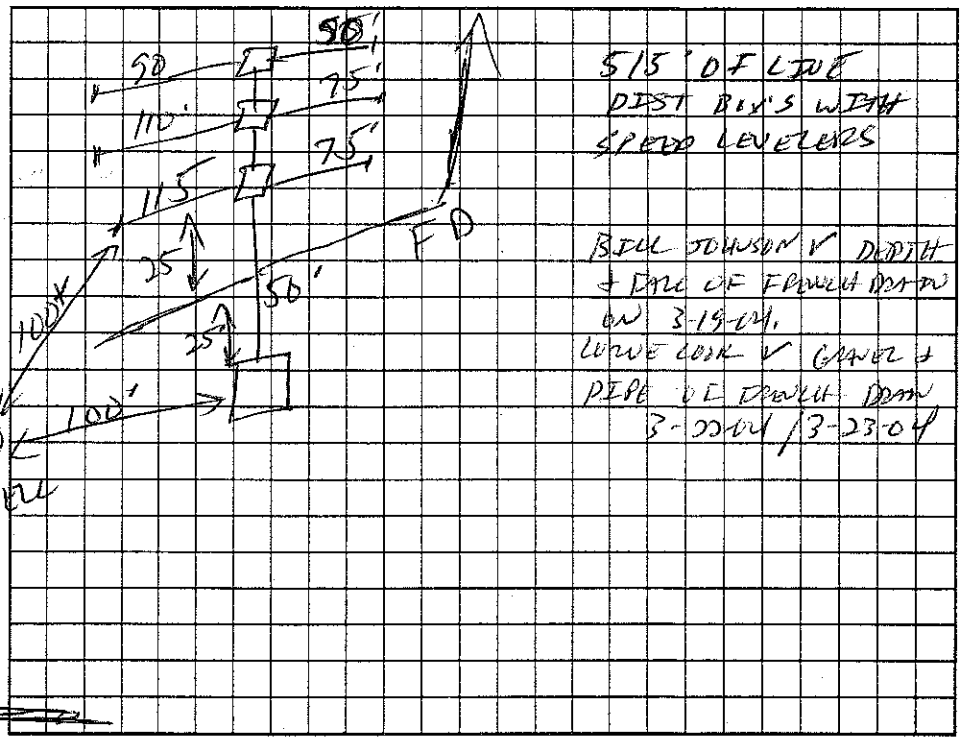
Comments:/Conditions: (1) KEEP SUPPLY 50' FROM WELL & ANY OTHER PART OF SYSTEM 100' (2) INSTALL LEVER ON CONTROLS (3) MAINTAIN SEPTIC (4) THIS PERMIT VOIDS PREVIOUSLY ISSUED PERMIT DATED 4-16-02

Comments:/Conditions: 2 ABEL FILTER & MARKER
V'D LAST LINE NEED TO FIX 3-4/3-5
V'D LINES OK 3-8. DIST BOX WITH SPEED LEVELER FED LIKE DROP BOX. NEED TO ✓ FRONT DRAIN.

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: _____ date 12-22-03 Installed by: H & S REPAIR & HOMEOWNER

Improvement Permit by: _____ date 12-19-03 Operation Permit by: _____ date 3-23-04

Authorization to Construct by: _____ date 12-19-03 Existing System Inspection by: _____ date _____

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