IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4911-77-1915 DATE 3/12/02

OWNER OR CONTRACTOR Martha West PHONE: Business — Home (704) 528-5685

ADDRESS 224 Buffalo Shoals Road, Statesville N.C. 28677

LOCATION Buffalo Shoals past Kyle Cross Rd

SUBDIVISION Pines MHP BLOCK / SECTION — LOT 6+7 LOT AREA — SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. —

Septic Tank: Existing Gallons: STB — Date —
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet — Linear Feet 130' RE Needed
No Lines 2 Trench Width 36" Max Trench Bottom Depth — Gravel Depth 36"

☐ New System ☒ Repair System Type: I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

~~☐~~ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees —
☐ Other —

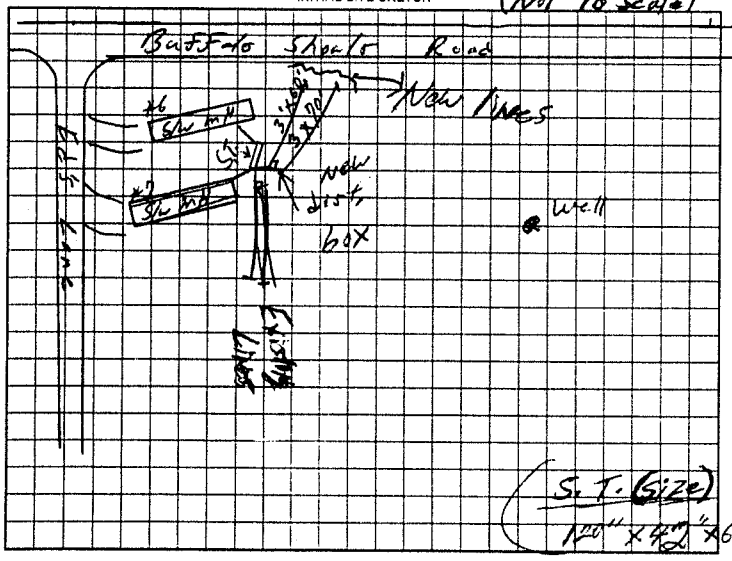
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ~~☐~~ Community

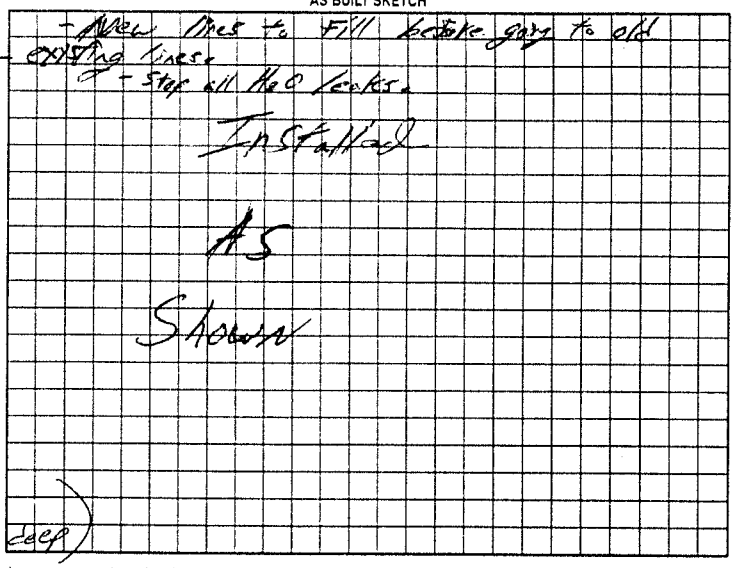
Comments/Conditions: ① Keep minimum soff from well ② Replace Sanitary Tee if needed ③ Pump S.T. before starting repair

Comments/Conditions: - Replaced Sanitary Tee
- Cleaned out road drainage ditch to divert water off septic System

INITIAL SITE SKETCH (Not to Scale)



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: [signature] date 3/19/02 Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 3/15/02 Operation Permit by: William O. Johnson date 3/15/02

Authorization to Construct by: William O. Johnson date 3/18/02 Existing System Inspection by: — date —

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