IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147258 PIN# 4711796371 DATE 12/28/07

OWNER OR APPLICANT RONALD SMIDT PHONE: Business 704-619-0376 Home 704-528-7691

ADDRESS 2189 BUFFALO SHOALS RD Statesville NC 28677

LOCATION 40 WEST (A) OMR (B) BUFFALO SHOALS ON LEFT AT BOX # 2189 600' OFF ROAD

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 32.85AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 4-503

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535

No Lines 10' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons 6

☐ Business No. Employees ____

☐ Other _____

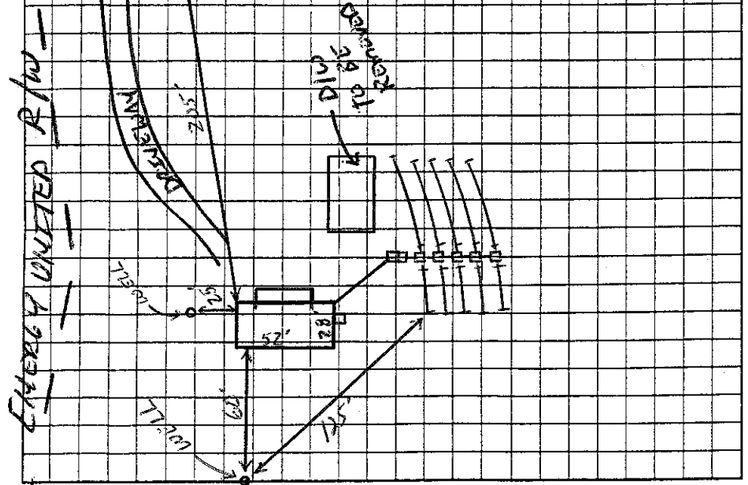
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: (1) SYSTEM IS SIZED FOR A 4 BEDROOM SYSTEM. ONLY PUTTING IN A 3 BEDROOM HOME (2) KEEP FALL FROM NEW HOME TO EXISTING TANK 1/8" FALL PER FOOT MINIMUM. (4) MAINTAIN SETBACKS

Comments/Conditions: (5) D/W MUST BE REMOVED FROM SYSTEM. (6) PROBED SYSTEM. NO SIGNS OF FAILURE AT TIME OF CHECK. TUFFTITE Filter & MANLER WAS INSTALLED DURING INSTALLATION

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 12/20/07 Installed by: CRAIG THOMPSON

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 12/28/07

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