IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 78975 PIN# 4711875641 DATE 1-21-99

OWNER OR CONTRACTOR Gary M. Hoke PHONE: Business _____ Home 873 0621

ADDRESS 177 Arey Rd, Statesville, N.C. 3 Pond Drive

LOCATION Buffalo Shoals TL Pineville, .2 miles on left 1600' Bachoff Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 30.3 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 312 Date 6-7-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☐ II, IV, V, VI
System Description: conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

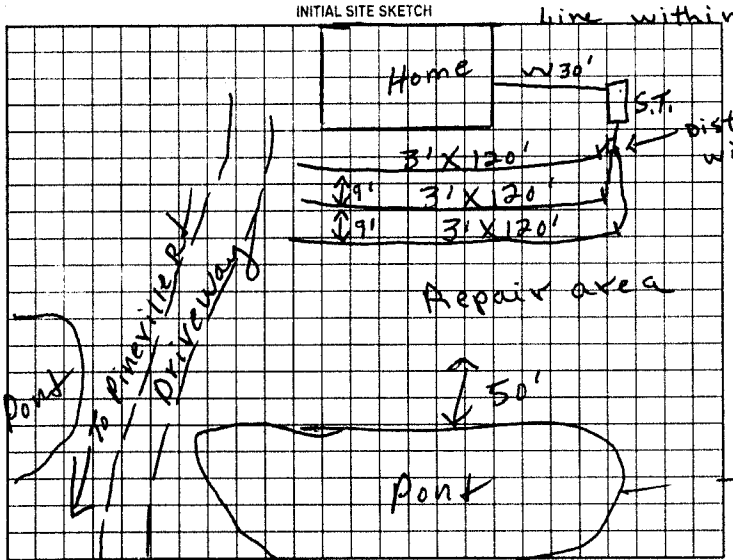
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☑ Individual
☐ Public
☐ Community

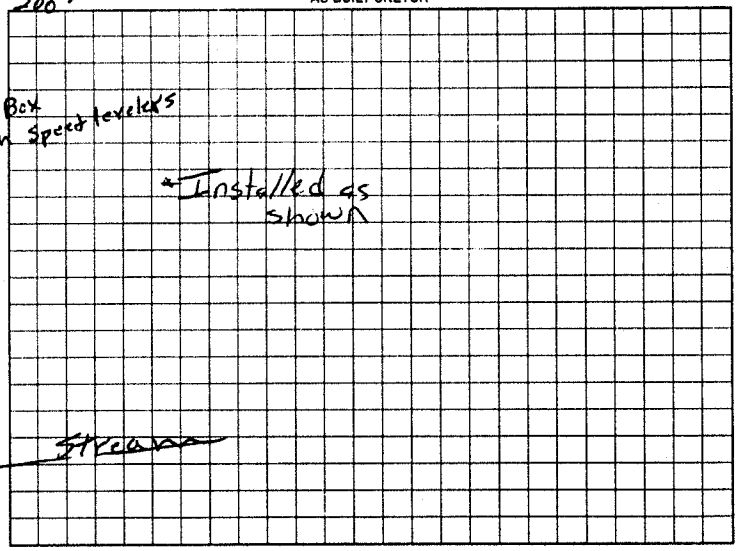
Comments/Conditions:
Home is in middle of 30 acre NO Property line within 200'

Comments/Conditions
*Note Each line has own dist. Box set

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: X Gary M. Hoke date _____ Installed by: Dale Wingler

Improvement Permit by: P. C. Moore date 1-21-99 Operation Permit by: Mark Outlaw date 7-11-00

Authorization to Construct by: P. C. Moore date 1-21-99 Existing System Inspection by: _____ date _____

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