IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (cl) MOORESVILLE 704-664-5281

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

PERMIT# 106541 PIN# ~~4711-97-9357.10~~ 4711-98-5623 DATE 6-14-03

OWNER OR CONTRACTOR ANTHONY DAM PHONE: Business _____ Home 704-528-4830

ADDRESS 1633 EUFOLA ROAD STATESVILLE NC 28677

LOCATION BUFFALO SHOALS RD, TL EUFOLA RD, TR AMBER LANE, TL AMBRY DR, TR HIGH SPRINGS CT, AT END ON RIGHT

SUBDIVISION ANTHONY DAM EST BLOCK / SECTION _____ LOT 10 LOT AREA 0.824 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 7-1-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet PER P 1200 Linear Feet 300
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

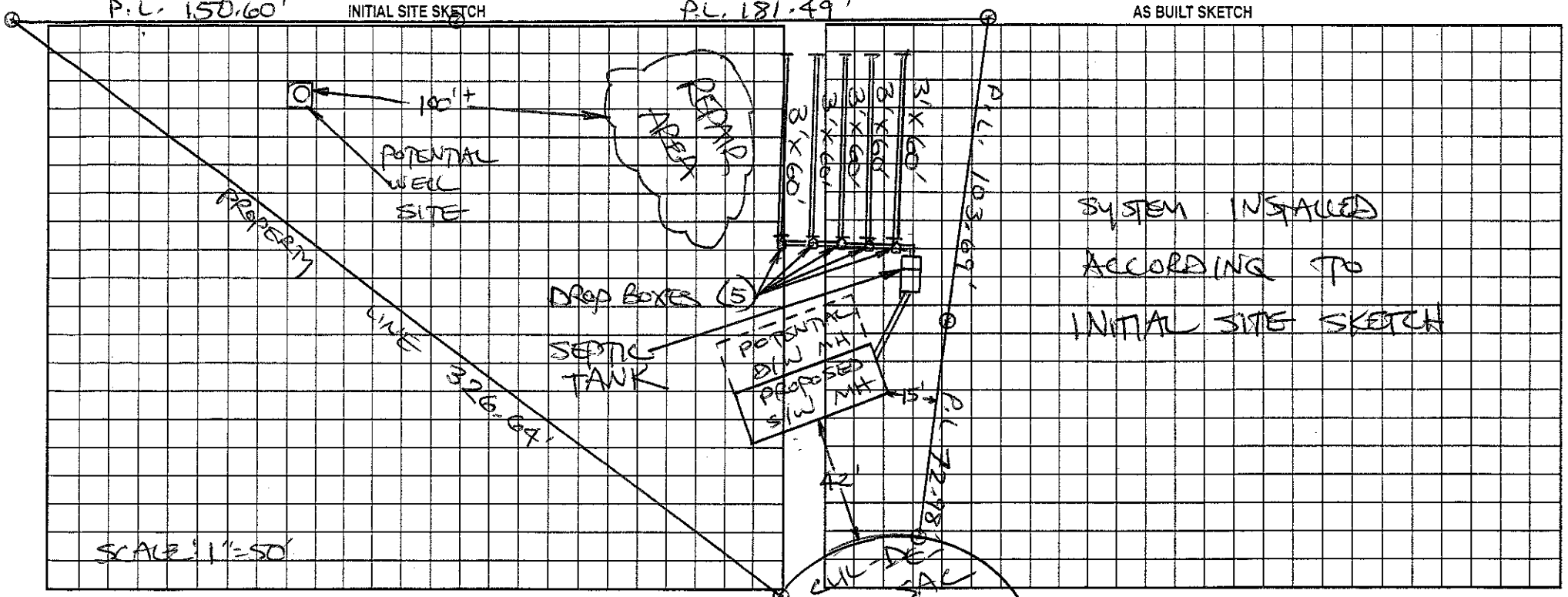
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

P.L. 150.60' INITIAL SITE SKETCH P.L. 181.49' 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 7-25-? Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 6-14-03 Operation Permit by: STEVE HEDRICK date 12-12-03

Authorization to Construct by: STEVE HEDRICK date 6-14-03 Existing System Inspection by: _____ date _____

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