IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073913 PIN# 4711986726 DATE 6-5-98

OWNER OR CONTRACTOR Robert Eades PHONE: Business _____ Home 528-3213

ADDRESS 145 Amber Ln Statesville NC

LOCATION Buffalo Shoals TL Buffalo Bear (R) @ fork TR Amber Ln 2nd to last on (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

[ ] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: [ ] Yes [ ] No

[ ] House/Mod. Home No. Bedrooms 2
[X] Mobile Home No. Bathrooms 1
[ ] Business No. Employees ____
[ ] Other Homelite in 3Bd 1Bath
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

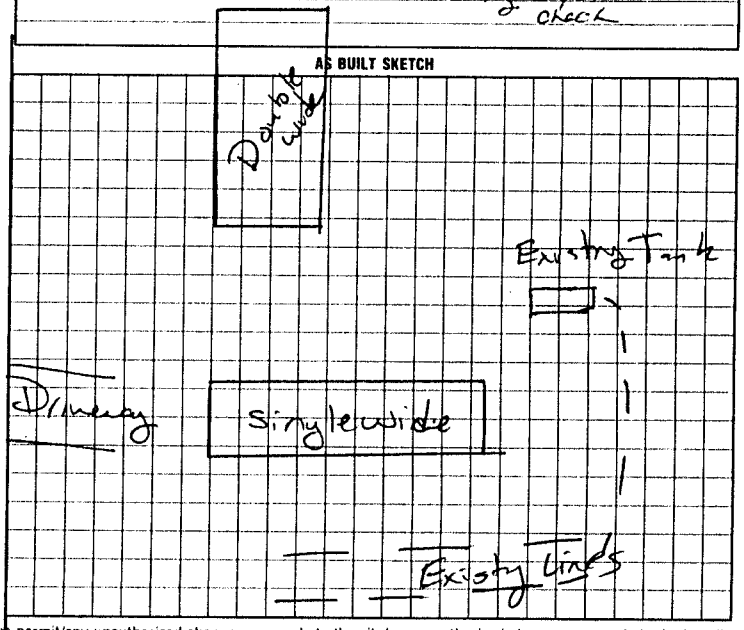
Water Supply:
[X] Individual well
[ ] Public
[ ] Community

Comments:/Conditions:

Comments:/Conditions: Existing system check

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 _____ Installed by: _____

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: Mat Cutts date 6-5-98

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