IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 08/08/02

PERMIT# 107847 PIN# 4711-98-6726

OWNER OR CONTRACTOR JAMES EADES PHONE: Business _____ Home 704-528-6126 or 704-592-2199

ADDRESS 145 AMBER LANE, STATESVILLE, NC 28677

LOCATION [redacted] Buffalo Shoals Rd, (TL) Eufola Rd, (TR) Amber Ln, Near end on left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.76 Acres SITE CLASS EXISTING DESIGN FLOW EXISTING L.T.A.R. EXISTING

EXISTING

Septic Tank: 1,500 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1,250 Linear Feet 125'

No Lines 1 BED Trench Width 10' Max Trench Bottom Depth _____

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

System Description: EXISTING

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth 10"

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

☒ House/Mod. Home No Bedrooms 2

☒ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

WELL

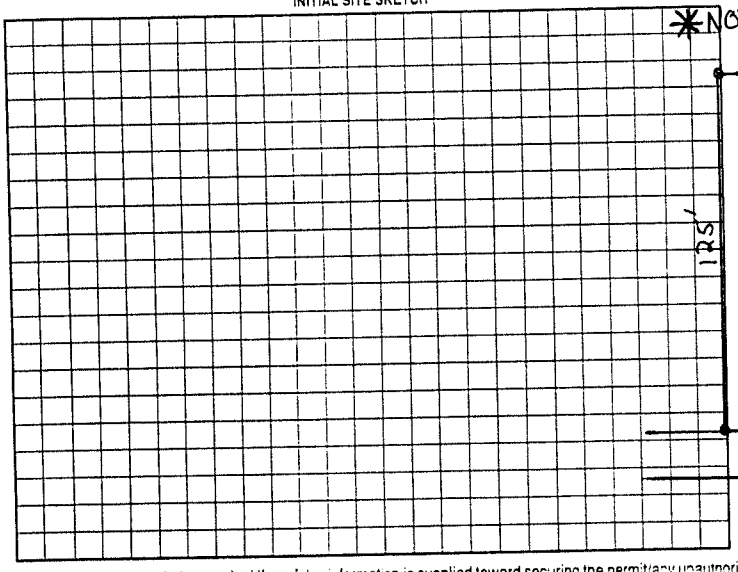
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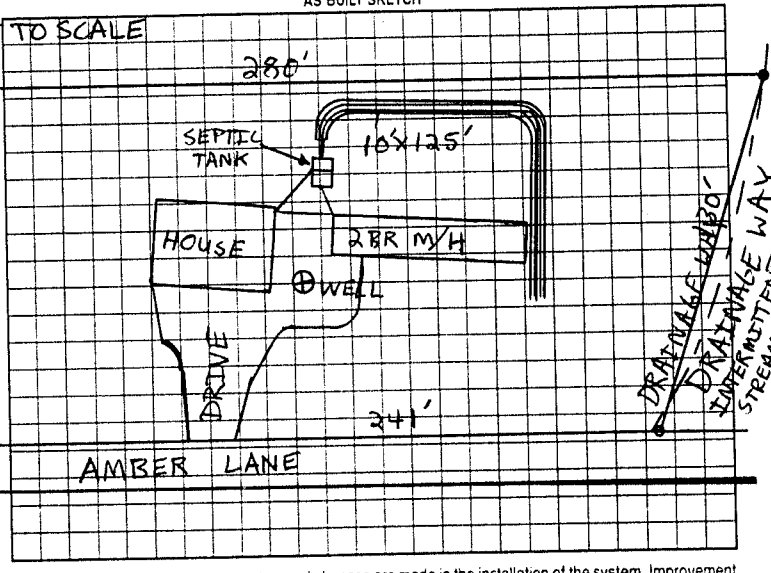
(1) APPROVED FOR 2 Bedroom Mobile Home.

(2) keep Home OFF SEPTIC TANK + LINES

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by _____

Operation Permit by: _____ date _____

Existing System Inspection by: Patrick Mitchell date 08/08/02

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