IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82082 PIN# 4712035455 DATE July 23 99

OWNER OR CONTRACTOR Ethel Grimes PHONE: Business 876-1111 Home 873-2779

ADDRESS 708 Miller Statesville, NC

LOCATION Buffalo Shoals (R) Eufola (R) Then (L) Carriage Rd (Before Bridge) Lot is 1st on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .5Ac SITE CLASS 15 DESIGN FLOW 240 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 1012 Date 5-28-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field; No Fields 1 Square Feet 1200 Linear Feet 300 25%
No Lines 3-4 Trench Width 36 Max Trench Bottom Depth 24" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% Reduction Gravity
Repair System Description: Same Possible Pump
Maintenance Agreement Required: ☐ Yes ☒ No

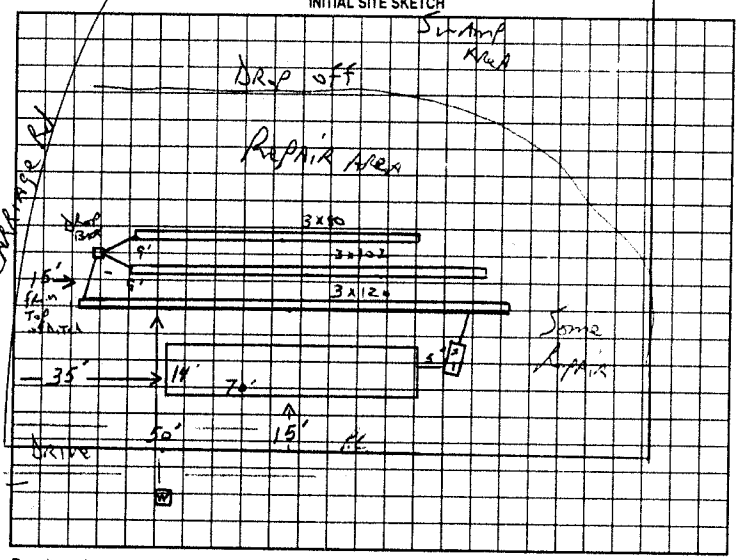
☐ House/Mod. Home ☒ Mobile Home SW ☐ Business ☐ Other
No. Bedrooms 2 No. Bathrooms 2 No. Employees _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: Install Lines 24" Max Trench Bottom
Maintain 50 ft min. Separation between well and Septic System / 50 Chambers or 30 HDS Sections

Comments/Conditions: Installed as Strawn

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: Ethel S. Grimes date 8-23 99 Installed by: A-1 Backhoe

Improvement Permit by: Jc Potter date 7-23-99 Operation Permit by: [signature] RS date 9-2-99

Authorization to Construct by: Jc Potter date 7-23-99 Existing System Inspection by: _____ date _____

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