IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 148348 PIN# 4712433435 DATE 3-6-08

OWNER OR APPLICANT JERRY PRICE PHONE: Business 902-4355 Home 704-878-0830

ADDRESS 239 LEWIS FERRY Rd Statesville NC 28677

LOCATION OMR (R) BUFFALO SHOALS (R) EUFOLA (L) ATWELL LOT #3 DW PT

SUBDIVISION EUFOLA FARMS BLOCK / SECTION ____ LOT 3 LOT AREA 1.907 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons: STB 794 Date 4-9-08
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EB=1700 Linear Feet 300'
No Lines 4X75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other ____

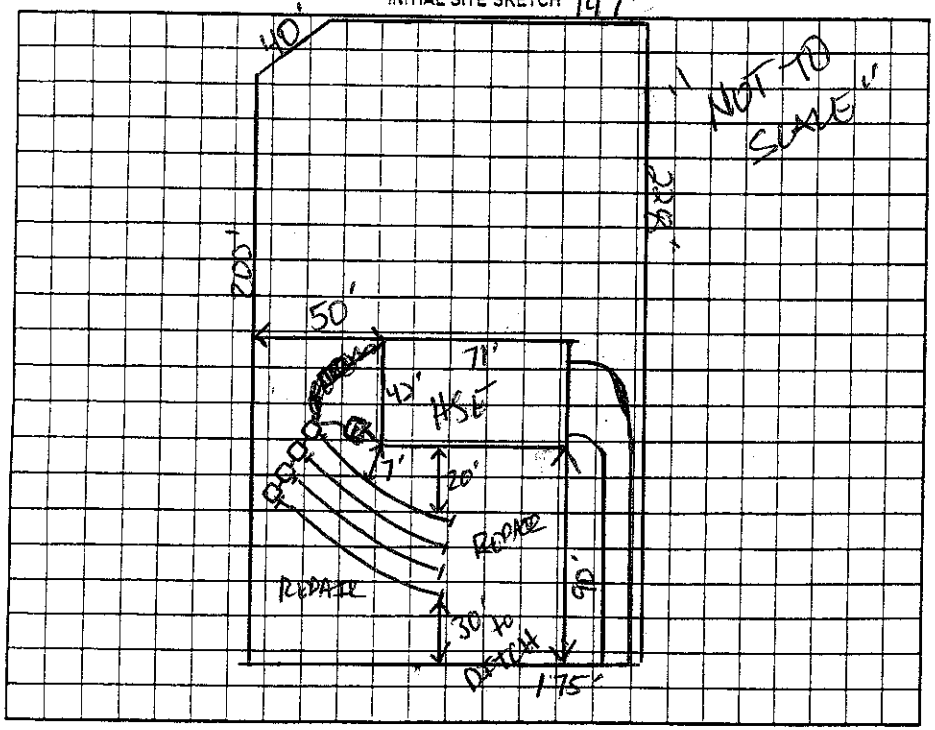
Water Supply: ☐ Individual ☒ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: (1) House Flagged Out AND System Flagged Out (2) Install Lines on Contours & MAINTAIN SETBACKS.

Comments/Conditions: POLYLOK Filter & MARKER NEEDS BLDG Permission TO Change tank locations & Jerry Price

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Noted

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 3-10-08 Installed by: JAMES HOOKER

Improvement Permit by: ____ date 3-6-08 Operation Permit by: ____ date 7/21/08

Authorization to Construct by: ____ date 3-6-08 Existing System Inspection by: ____ date ____

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