IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114779 PIN# 4712-60-~~2578.001~~ 2341 DATE 8/27/03

OWNER OR CONTRACTOR Cynthia Cascadon PHONE: Business _____ Home 704-528-5084

ADDRESS 2084 Buffalo Shoals Rd Statesville NC 28677

LOCATION OMR, TR Buffalo Shoals, on Rt [redacted] Past Eufola Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.1 AC SITE CLASS RS DESIGN FLOW 240 L.T.A.R. 0.5

Septic Tank: 1060 Gallons; STB 794 Date 10-13-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 270
No Lines 6 @ 45' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

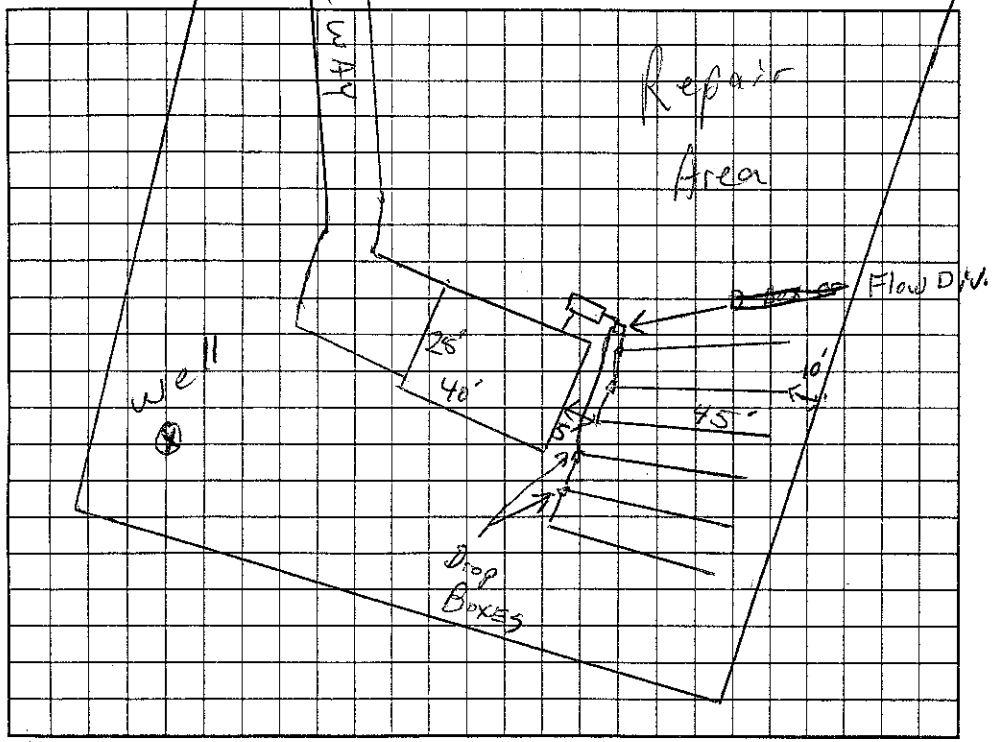
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

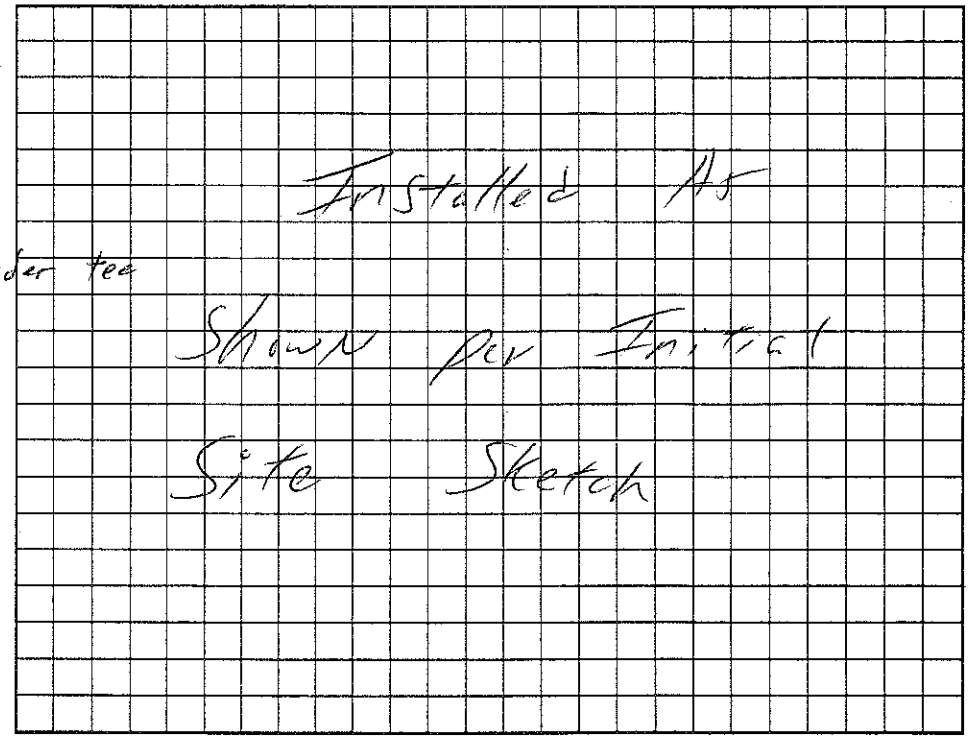
Comments/Conditions: To Buffalo Shoals OR NOT To Scale

INITIAL SITE SKETCH



Comments/Conditions: Installed Flow Divider Tee - Label Filter + ST Marker Installed

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 _____ Installed by: Lance Lingle

Improvement Permit by: _____ RS date 8/27/03 Operation Permit by: William A Johnson date 1/12/04

Authorization to Construct by: _____ RS date 8/27/03 Existing System Inspection by: _____ date _____

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