EDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123724 PIN# 4712-63-1260 DATE 9-7-04

OWNER OR CONTRACTOR ROLAND & RITA MCDANIEL PHONE: Business 704-657-3743 Home 704 528-3863

ADDRESS 1231 EUFOLA RD STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS WEST (R) EUFALO CT RT PAST LOW LANE

SUBDIVISION LAMBERTH BLOCK / SECTION ____ LOT(S) #2 LOT AREA 1.241 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: ~~EXISTING~~ 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 160'

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 11"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: LOW GRAV

Repair System Description: GRAV 25% REDUCT

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home D/W No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

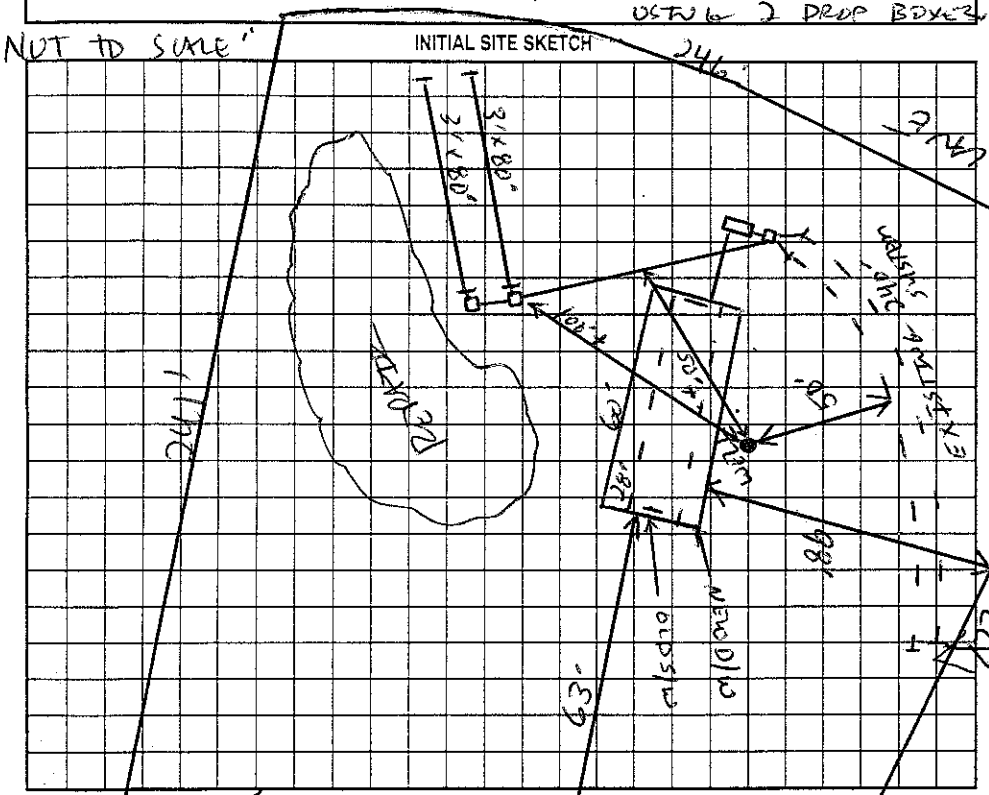
Water Supply: ☒ Individual ☐ Public ☐ Community EXISTING WELL

Comments/Conditions: (1) AT TIME OF CHECK, THIS WAS A PROPERLY FUNCTIONING SYSTEM IN USE (2) MAINTAIN SETBACKS (3) INSTALL 2 NEW LINES 30' LONG USING 2 DROP BOXES

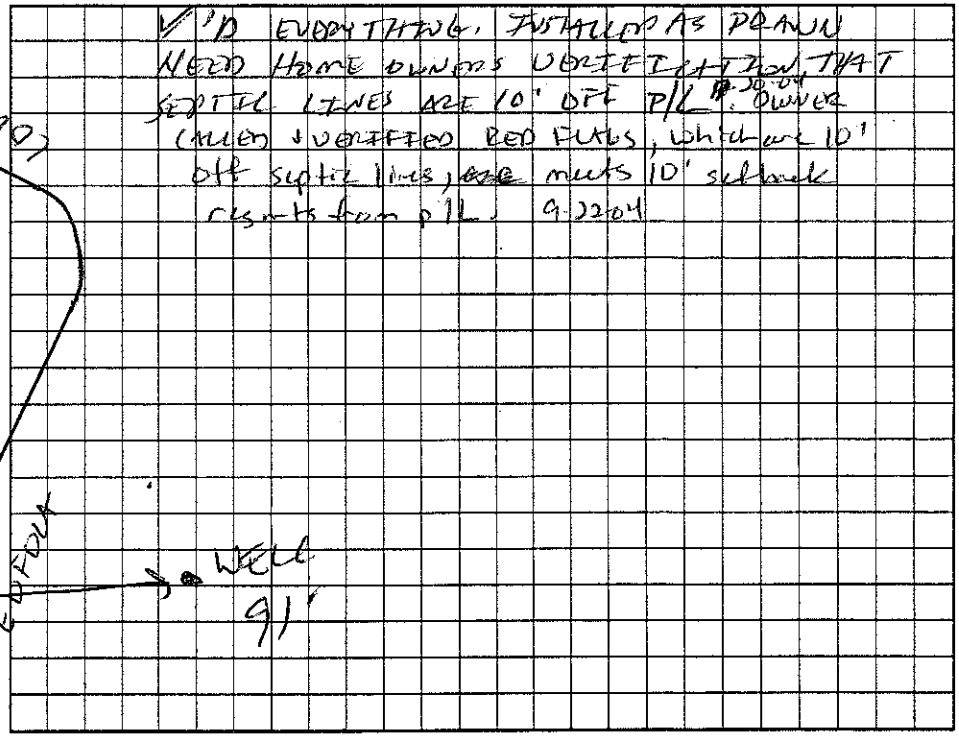
Comments/Conditions: TIE INTO EXISTING DIST BOX & USE SPEED LEVELERS. A NEW BOX MAY HAVE TO BE SET IN FRONT OF THE TANK. (4) LOTS #2 ARE COMBINED (5) INSTALL LINES ON CONTOURS

"NOT TO SCALE"

INITIAL SITE SKETCH



AS BUILT SKETCH



I'D EVERYTHING, INSTALLED AS PLANNED NEED HOME OWNERS VERIFICATION THAT SEPTIC LINES ARE 10' OFF P/L. OWNER CALLED & VERIFIED RED FLAGS, WHICH ARE 10' OFF SEPTIC LINES, ONE MEETS 10' SETBACK RIGHTS FROM P/L 9-22-04

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 9-9-04 Installed by: LEATHERMAN SEPTIC

Improvement Permit by: ____ date 9-7-04 Operation Permit by: ____ date 9-22-04

Authorization to Construct by: ____ date 9-7-04 Existing System Inspection by: ____ date ____

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