IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4712-71-2416 DATE 5-12-04

OWNER OR CONTRACTOR LINDA PARKER PHONE: Business 704-832-2222 Home 704-528-4833

ADDRESS 2057 BUFFALO SHOALS RD

LOCATION BUFFALO SHOALS RD, 1ST BRICK HOUSE ON LEFT PAST EUFOLA AT BOX # 2057 & PARKER GREENHOUSE SIGN

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.0 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R.

Septic Tank: Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth Gravel Depth 24"

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

System Description: CONV GRAV

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

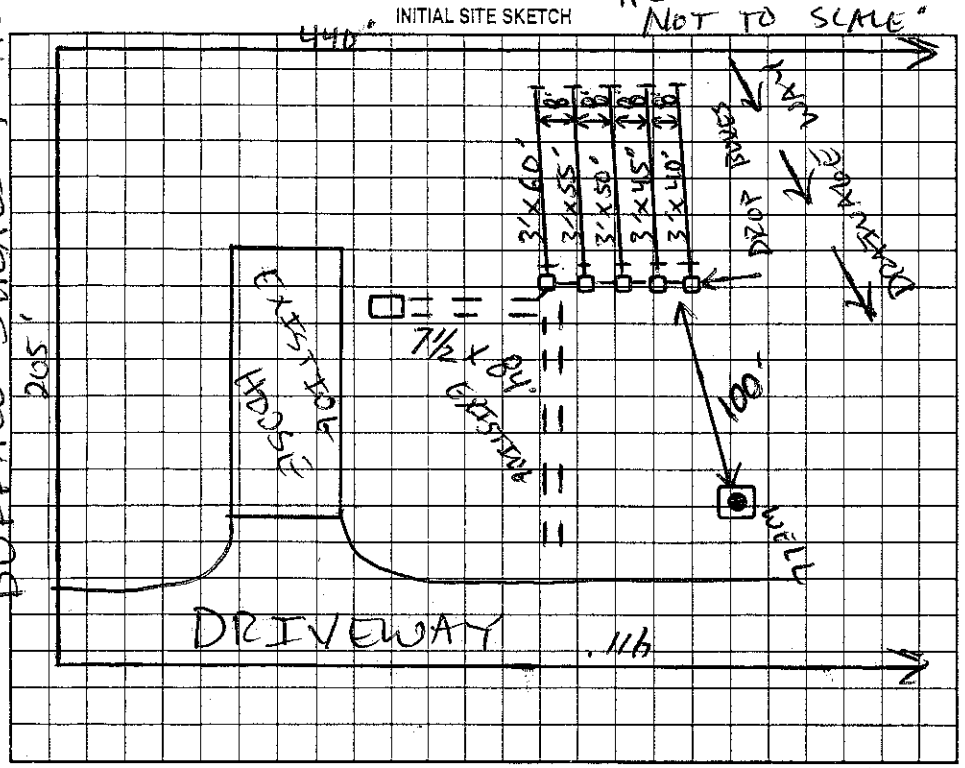
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

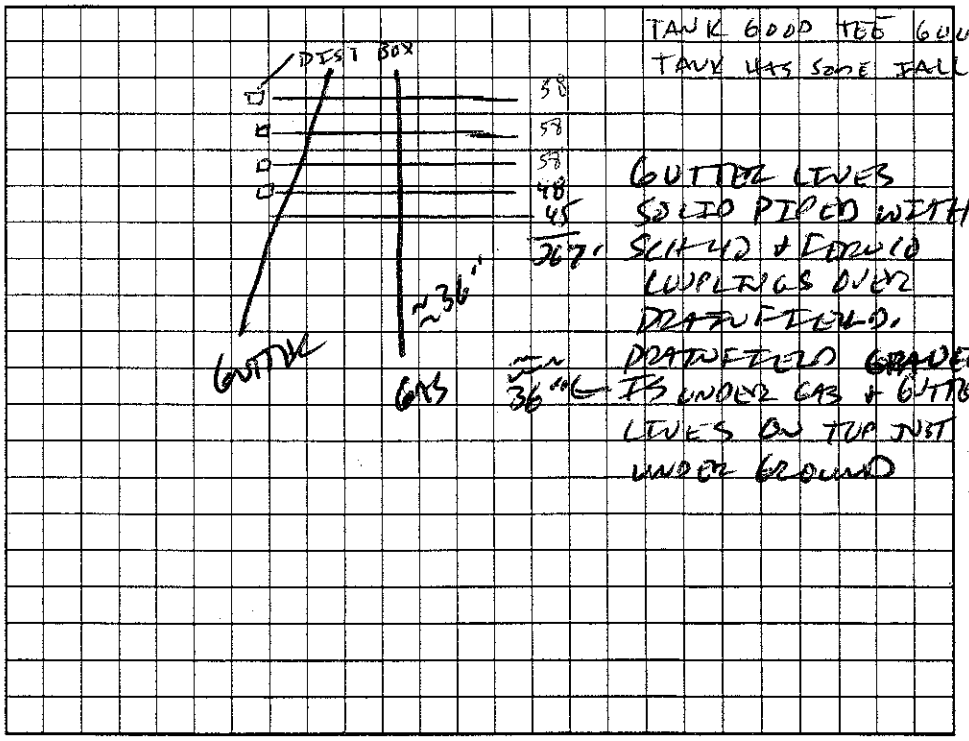
Comments/Conditions: (1) REDIRECT GUTTER DRAINS AROUND SEPTIC AREA (2) TREE'S ARE RECOMMENDED TO BE REMOVED IN & AROUND SYSTEM AREA (3) USE 24" STONE & MAINTAIN SETBACKS (4) CHECK TEE IN TANK

Comments/Conditions: (X) THIS PERMIT SERVES AS NOTICE OF VIOLATION & MUST BE REPAIRED WITHIN 30 DAYS

INITIAL SITE SKETCH NOT TO SCALE



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: Linda S. Parker date 5-13-04 Installed by: WEB CUTTER

Improvement Permit by: [signature] date 5-12-04 Operation Permit by: [signature] date 8-17-04

Authorization to Construct by: [signature] date 5-12-04 Existing System Inspection by: date

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