IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094847 PIN# 4712 82 2915 DATE 4/9/01

OWNER OR CONTRACTOR MARK AND LISA GRAGG PHONE: Business (704) 892-4711 Home (704) 528-3467

ADDRESS 1970 BUFFALO SHOALS RD. STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS RD. ON CORNE OF BACK CRK. RD. ON (R)

SUBDIVISION STAFFORD EST. BLOCK / SECTION ____ LOT 14 LOT AREA 1.05 AC. SITE CLASS PS DESIGN FLOW 360 GPD. L.T.A.R. ____

Septic Tank: 1000 Gallons; STB 1007 Date 6-21-01
Pump Tank: 1000 Gallons; PT 274 Date 4-3-01
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____
No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: EXISTING BECOMING "PUMP"
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

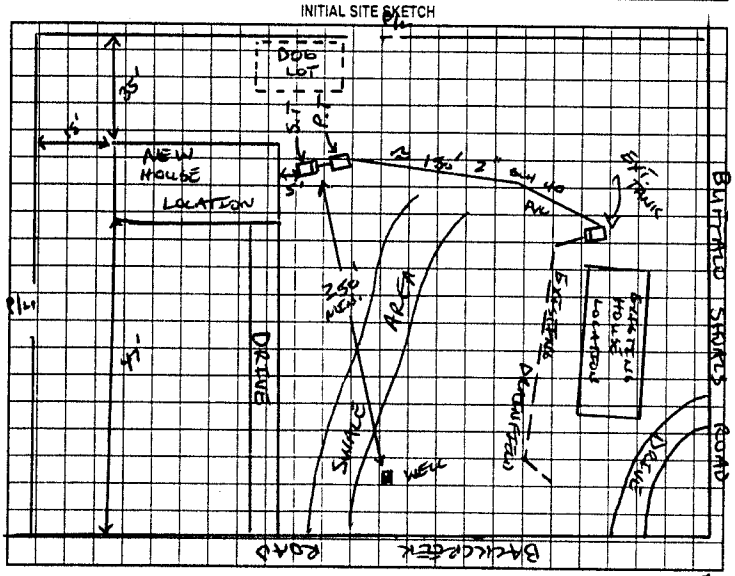
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1.5
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: ① EXISTING SEPTIC TANK TO BE USED AS LARGE DISTRIBUTION BOX. ② EXISTING SEPTIC TANK TO BE PUMPED PRIOR TO HOOK-UP

Comments/Conditions:
- Poly lok filter Installed
- Pressure Check okay
- Electrical Check OKay

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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: Lisa C Gragg date 4/9/01 Installed by: Adams Grading

Improvement Permit by: Suzanne Shinn date 4/16/01 Operation Permit by: William E Johnson date 4/25/01

Authorization to Construct by: Suzanne Shinn date 4/16/01 Existing System Inspection by: ____ date ____

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