IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210809

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

PIN # 4712834266

APPLICANT: Rodney mc Neely APPLICANT ADDRESS: 1948 Buffalo Shoals Rd Statesville NC 28677

SITE ADDRESS: 1940 Buffalo Shoals Rd Statesville NC PHONE: 704 528-6835 ALT. PHONE: N/A

SITE DIRECTIONS: From Kykes cross rd Buffalo Shoals Rd T/R 1.2 miles on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.674ac DESIGN FLOW: 240 L.T.A.R.: 0.25

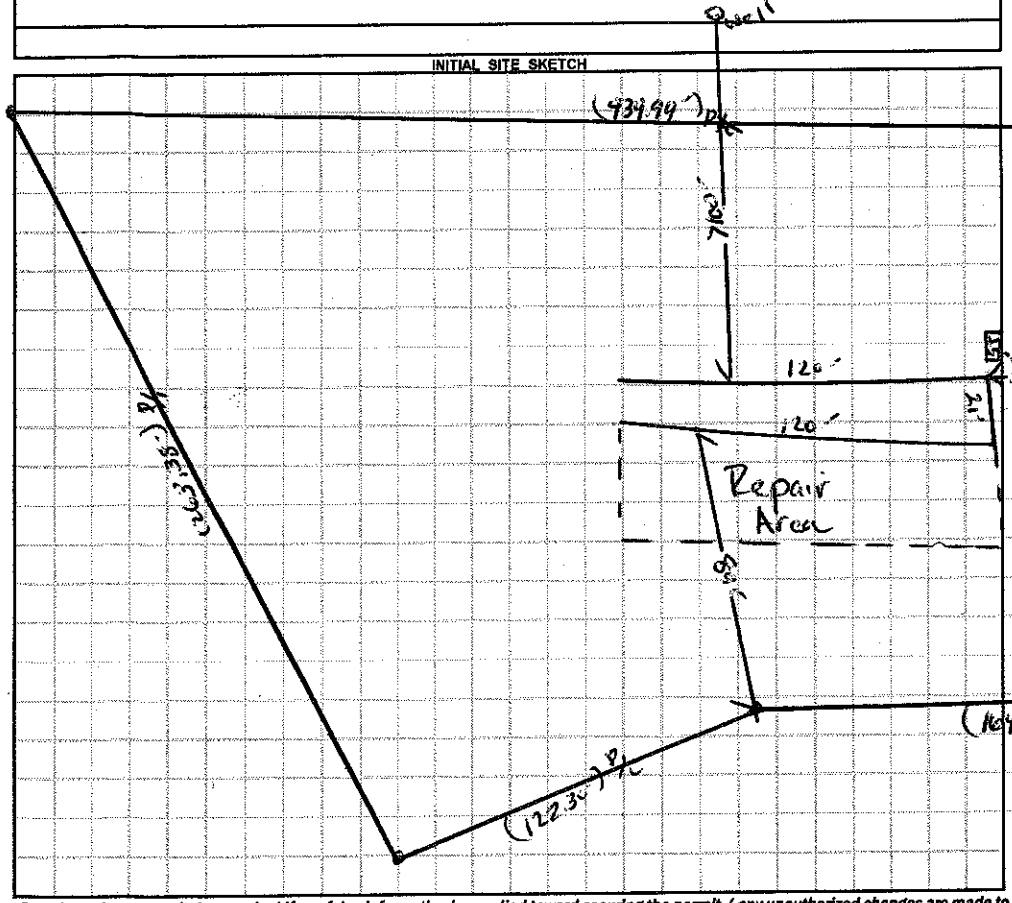
Septic Tank	1000 (gal)	STB	160	Date	6-1-15	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction		
Pump Make	N/A	Model	Poly Flow	Serial #	PL-48	Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	12	Linear Ft:	240	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE	

[X] Residence No. Bedrooms 2
[ ] Business No. Persons 4
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

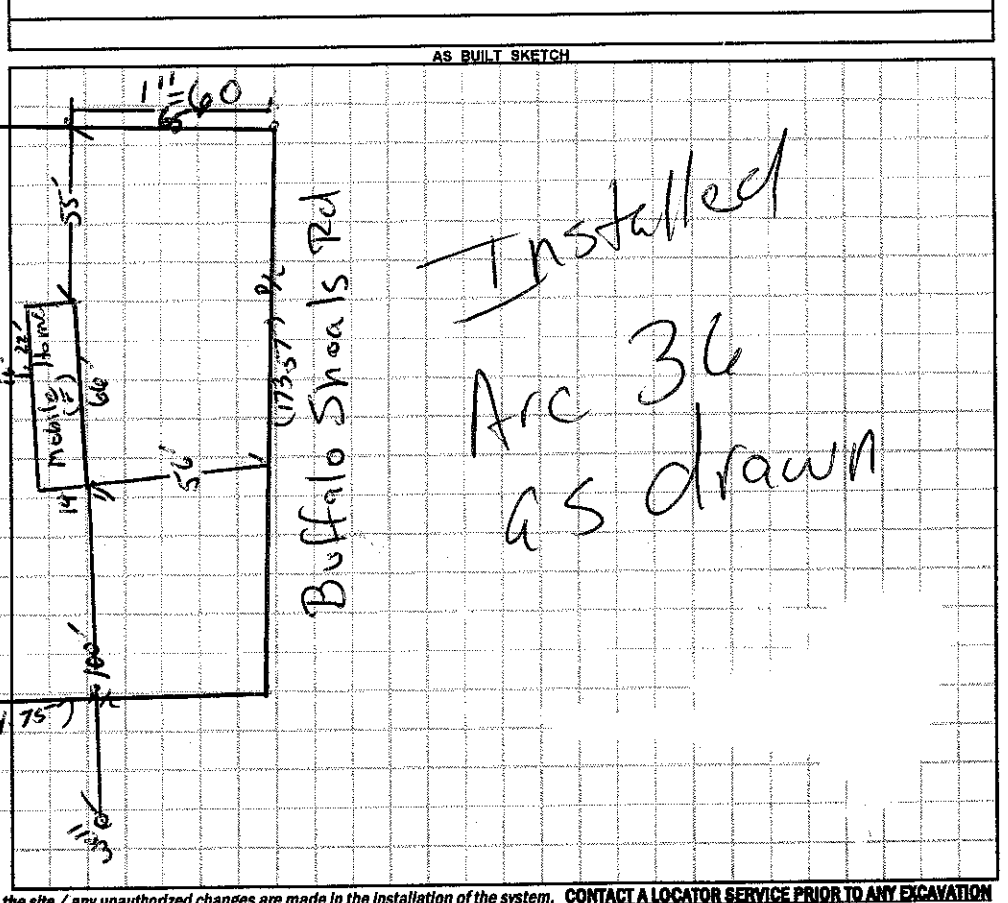
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% reduction on contour with Serial distribution

INITIAL SITE SKETCH



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Rodney & mc Neely Date: 7/9/2015 Installed by: Maiden Grading

IMPROVEMENT PERMIT by: Date: 07/07/15 OPERATION PERMIT by: Date: 07/28/15

AUTHORIZATION TO CONSTRUCT by: Date: 07/09/15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK