IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144917 146094 PIN# ~~4723344081~~ 4722-38-3970 DATE 10-10-07

OWNER OR APPLICANT Chris DAVIDSON PHONE: Business [redacted] Home 704-365-2684

ADDRESS PO BOX 5662 Statesville NC 28687

LOCATION 21 South (E) OLD NBN RD (E) Buffalo Shoals (L) RIVER VIEW ACRES ON LEFT

SUBDIVISION Ryles Woods BLOCK / SECTION 3 LOT ~~24~~ LOT AREA 1.6194C SITE CLASS. PS DESIGN FLOW 100 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 825.100 Date 2-5-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ED=400 Linear Feet 100'

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

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

System Description: GRADY 25% REDUCTION

Repair System Description: LD 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☐ Gravity ☐ Pressure ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Persons ____

☒ Business No. Employees ____

☐ Other 4 Employee's

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: (1) No FLOOR Drains to be plumbed into Septic System (2) Install Lines on Contours & maintain setbacks (3) 100' Setback must be maintained to well/community well from [redacted] any

INITIAL SITE SKETCH

SEE ATTACHED PLAN

DESIGNED BY LOGAN LOCKE, R.S.

Comments:/Conditions: part of septic system.

OFF-site

AS BUILT SKETCH

INSTALL

AS

DRAWN

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: Larry Dennis date 10/12/07

Improvement Permit by: _____ date 10-10-07

Authorization to Construct by: _____ date 10-10-07

Installed by: Rowan Septic

Operation Permit by: _____, R.S. date 3 April 08

Existing System Inspection by: _____ date _____

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

Permit # 144917

Pin # 4732394081

1"=40'

LOT 24 Kyles Woods

