IP/AC posted - 9/11/01 wf

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102 354 PIN# 4722-38-4125 DATE 9/10/01

OWNER OR CONTRACTOR Tyler Dev. Partners PHONE: Business (704) 528-6192 Home —

ADDRESS P.O. Box 5602 Statesville NC. 28687

LOCATION Buffalo Shoals to Tyler Crossroads in Corner of X-roads

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA .84 Acre SITE CLASS PS DESIGN FLOW 135 L.T.A.R. .35

Septic Tank: 1,000 Gallons: STB 794 Date 8-28-01
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 180
No Lines 3@60' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: Pump, 25% Reduction
Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms —
☐ Mobile Home No. Bathrooms —
X Business No. Employees 4
☐ Other —

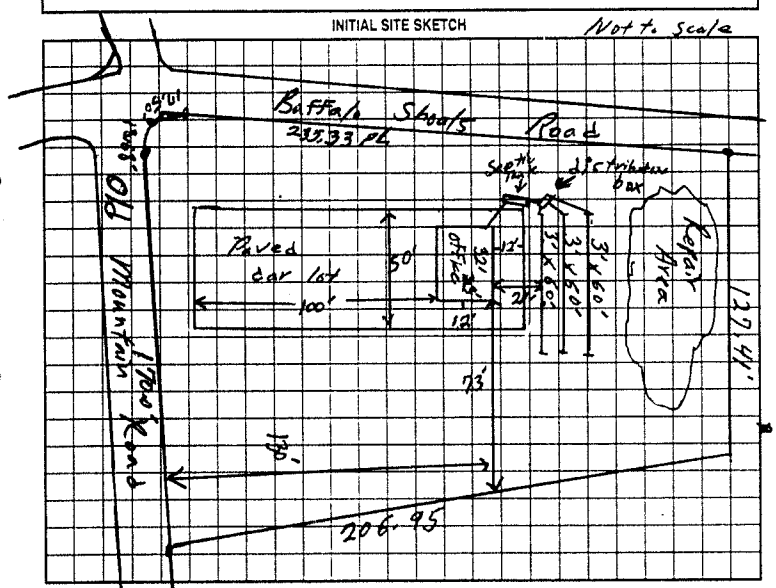
X Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

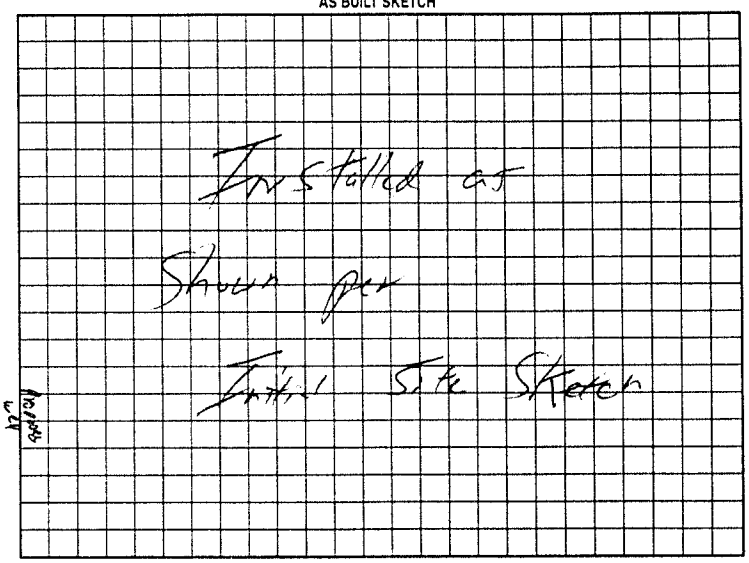
Comments:/Conditions: (1) Keep System 100' From well (2) 25 ft lot line to back of Bldg.

Comments:/Conditions:
Septic Tank Marker Installed
- Label Filter Installed
X (- Do Not Drive or Park Over Septic System)

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: Neil Kafe date 9-11-01 Installed by: Lance Lingle

Improvement Permit by: William O. Johnson date 9/10/01 Operation Permit by: William O Johnson date 11/6/01

Authorization to Construct by: William O Johnson date 9/10/01 Existing System Inspection by: — date —

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