IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 8091H PIN# 4723 72 0797 DATE 5-4-99

OWNER OR CONTRACTOR Chris Davidson (KylesDevelopment) PHONE: Business 528 6192 Home

ADDRESS PO Box 252 Troutman N.C.

LOCATION Buffalo Shoals TR Berta 2nd lot left

SUBDIVISION Kyle Woods BLOCK / SECTION 2 LOT 16 LOT AREA .171 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-18-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II. III IV. V. VI
System Description: Gravity 2570 Reduction
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☑ No

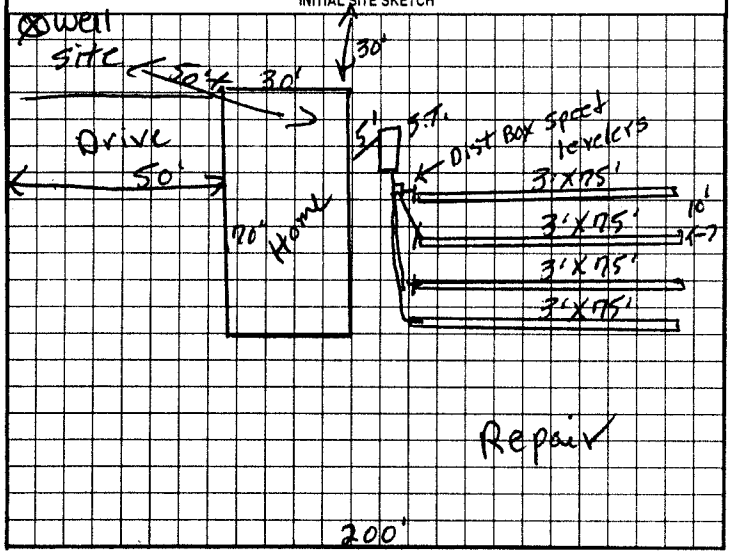
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

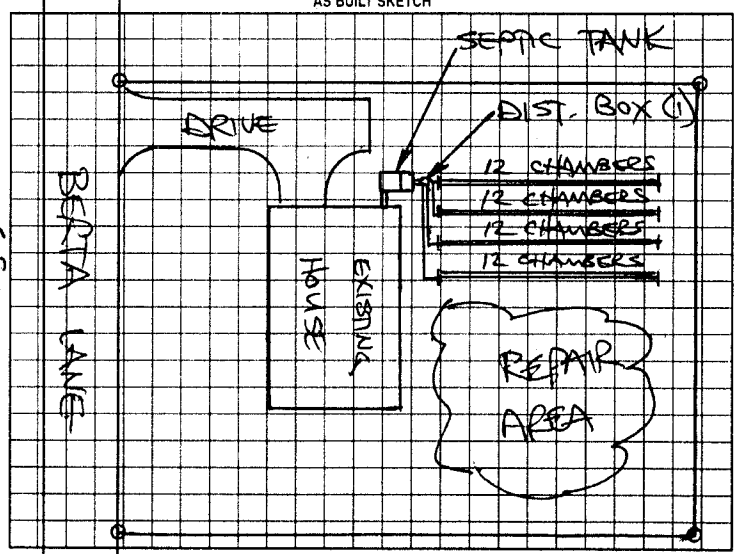
Comments/Conditions:

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER & SYSTEM RELOCATED AS SHOWN ~~WITH~~ WITH PRIOR H.D. APPROVAL & 48 CHAMBERS INSTALLED (TWO SHEETS).

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. 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 Kale date 5-14-99 Installed by: DAVID YOUNTS

Improvement Permit by: P.C. moore date 5-4-99 Operation Permit by: STEVE HENDRICK date 4-20-2000

Authorization to Construct by: P.C. moore date 5-4-99 Existing System Inspection by: date

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