IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115041 PIN# 4722-39-5383 DATE 8/20/03

OWNER OR CONTRACTOR Chris Davidson PHONE: Business (704)528-6792 Home cell (704) 363-2634

ADDRESS P.O. Box 5602 Statesville N.C. 28687

LOCATION Buffalo Shoals Rd (R) on Olney Lane 2nd on Left

SUBDIVISION Ryleswood BLOCK / SECTION 7 LOT 27 LOT AREA 1.021 Ac SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. -30

Septic Tank: 1000 Gallons; STB 1012 Date 12-23-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model Fam-Flo Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 300

No Lines 3 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 25% Reduction

Repair System Description: Gravity/Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

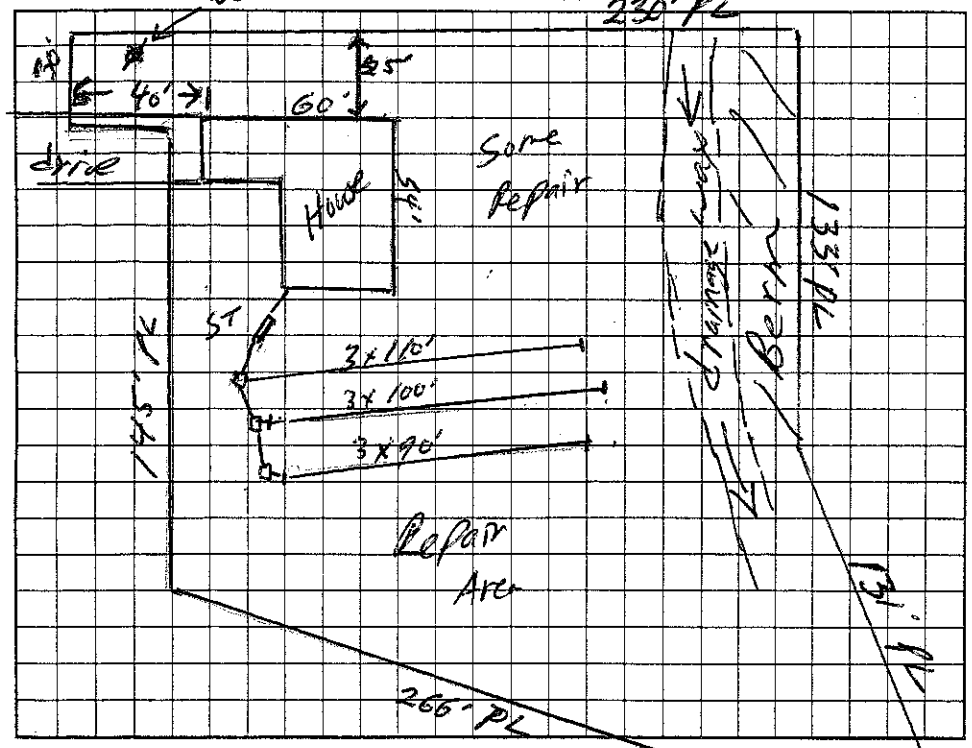
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

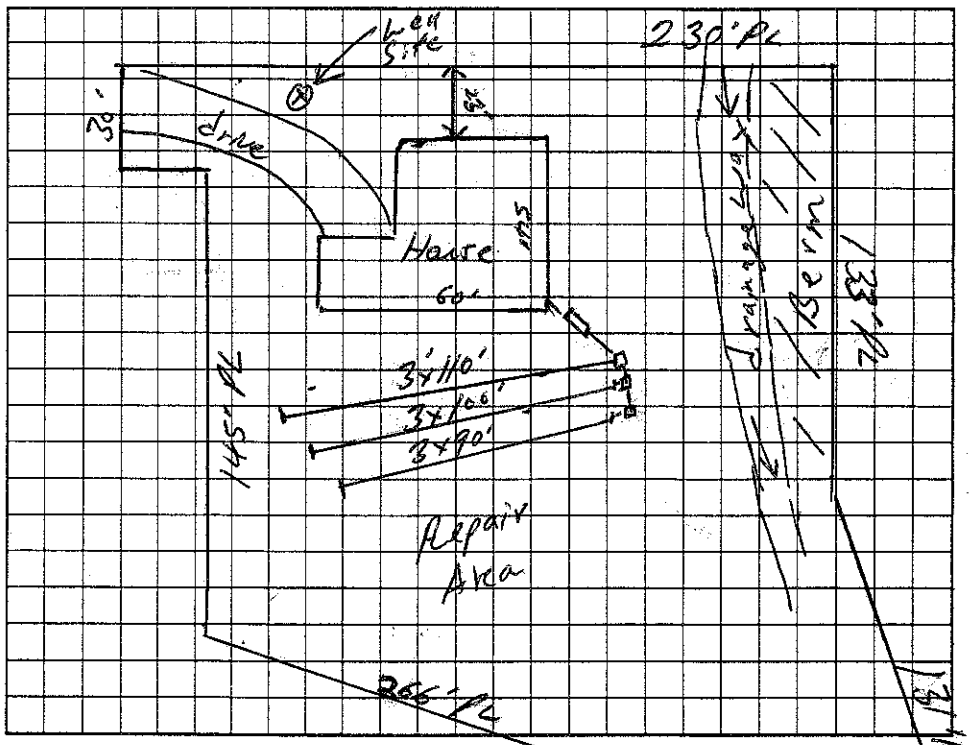
Comments:/Conditions: ① Install lines on Contour ② maintain proper Setbacks

Comments:/Conditions: H/O prior approval to move Septic Tank 4/15/04.
- Jaff - Tite Filter + ST marker Installed
- 48 Infiltrator Chambers Installed

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.

X Signed: _____ date 8-20-03

Improvement Permit by: William O. Johnson date 8/20/03

Authorization to Construct by: William O. Johnson date 8/20/03

Installed by: David Yountz

Operation Permit by: William O. Johnson date 6/8/04

Existing System Inspection by: _____ date _____

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