IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CT) MOORESVILLE 704-664-5281

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

(V)

PERMIT# 122895 PIN# 4722-39-8367 DATE 3-11-05

OWNER OR CONTRACTOR CHRIS DAVIDSON CONTRACTING PHONE: Business 704-363-2634 Home 704-528-6192

ADDRESS P.O. BOX 5602, STATESVILLE NC 28687

LOCATION BUFFALO SHOALS ROAD, SE, TR OLANO DRIVE, LOT AT END ON RIGHT

SUBDIVISION KYLEWOOD BLOCK / SECTION 2 LOT 25 LOT AREA 0.706 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 12-28-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ TO 1440 Linear Feet 240
No Lines FIVE Trench Width 24" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 50% REDUCTION GRAVITY
Repair System Description: 50% REDUCTION LOW-PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No
~~Gravel~~ Depth SAND 24" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

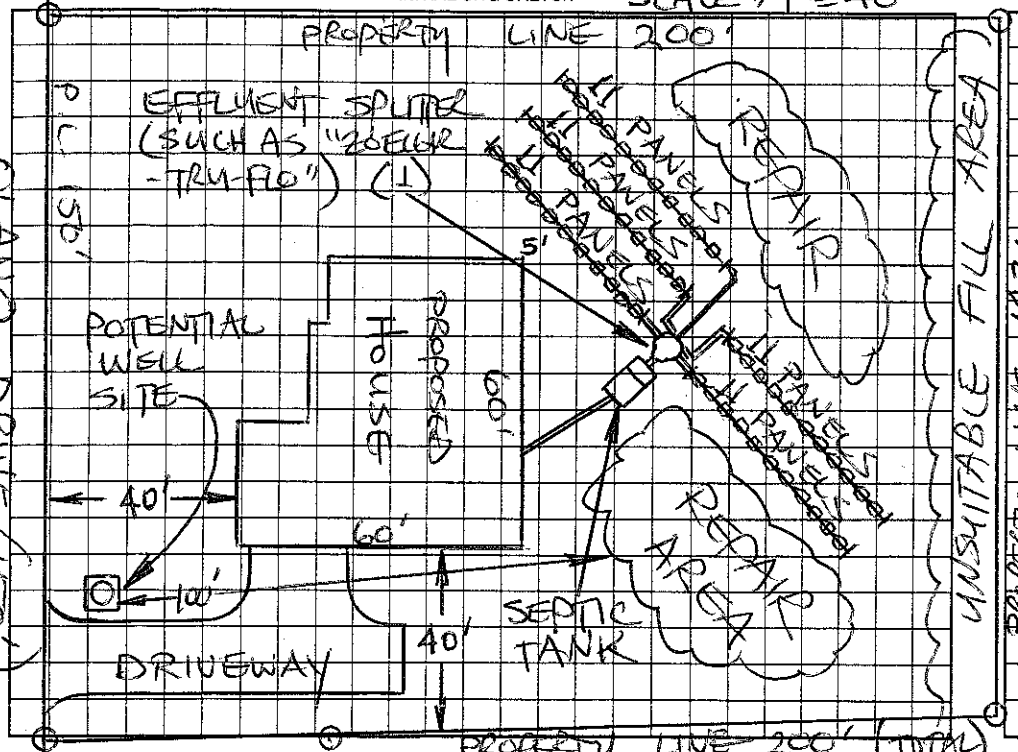
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

Comments:/Conditions: (1) KEEP SYSTEM MINIMUM 100 FEET FROM WELL (1956(6)(j)) (2) INSTALL 50% REDUCTION SYSTEM ON CONTOUR USING 55 PPBPS PANELS (3) USE ONE EFFLUENT SPLITTER (SUCH AS "ZOELLAR - TRU-FLO") TO ACHIEVE EQUAL DISTRIBUTION.

Brown Filter

INITIAL SITE SKETCH SCALE: 1" = 40'



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: _____ date 5/17/05 Installed by: K & M Grading

Improvement Permit by: STEVE HEDRICK date 3-11-05 Operation Permit by: _____ date 3-8-07

Authorization to Construct by: STEVE HEDRICK date 12-5-06 Existing System Inspection by: _____ date ____

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