CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093780 PIN# 4722 39 8053 DATE 2/9/01

OWNER OR CONTRACTOR Kyleswood Devel./Chris Davidson PHONE: Business (704) 363-2634 Home (704) 528-6192

ADDRESS P.O. Box 5602 Statesville, N.C. 28678

LOCATION Buffalo Shoals Rd, (2) on Olano (before Kyler Crossroad) 3rd on right

SUBDIVISION Kyleswood BLOCK / SECTION #2 LOT 19 LOT AREA .73 SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons: STB 1012 Date 7-29-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet 1028 Linear Feet 343
No. Lines 3@115 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: Gravity, Conventional
Maintenance Agreement Required. ☐ Yes X No

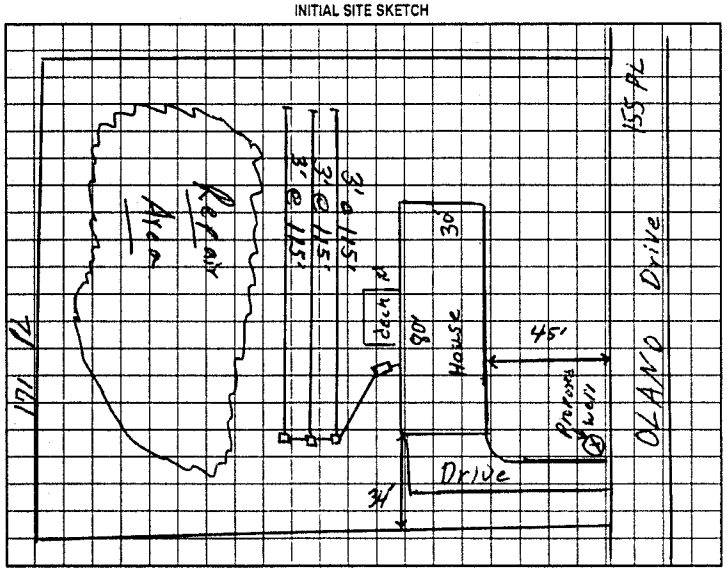
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community
WELL

Comments/Conditions: (1) Do Not Install When Wet (2) Keep 10 Ft From property lines (3) Keep well 100 ft From System

Comments/Conditions POLYLOK FILTER & RISERS

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS SHOWN

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 Fair date 2-26-01 Installed by: YOUNTZ GRADING

Improvement Permit by: William C. Johnson date 2/9/01 Operation Permit by: [signature] date 11-16-01

Authorization to Construct by: William C. Johnson date 2/9/01 Existing System Inspection by: ____ date ____

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