IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093781 PIN# 4722398053 DATE 2/9/01

OWNER OR CONTRACTOR Kyle Twood Dev. / Chris Davidson PHONE: Business (704) 363-2634 Home (704) 528-6192

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

LOCATION Buffalo Shoals Rd on Olano (before Kyle Crossroads) 2± on Right

SUBDIVISION Kyle Crossroads BLOCK / SECTION Ph#2 LOT 20 LOT AREA .74 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1,000 Gallons; STB 1012 Date 04/10/02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 343
No Lines 3@15' Trench Width 36" Max Trench Bottom Depth 30"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: gravity, Conventional
Repair System Description: gravity, Reduction 50%
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

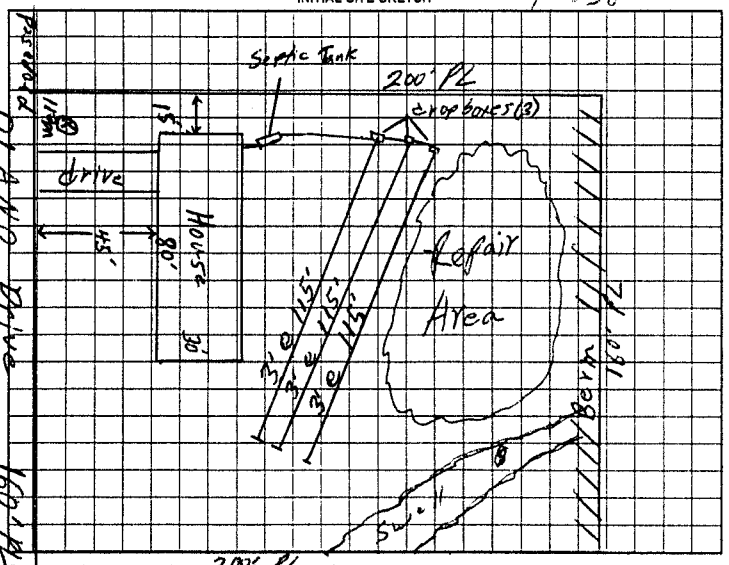
Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments/Conditions: ① Do not install when wet ② Keep 10 Ft From a [redacted] property lines ③ Keep well 100 Ft From System

Comments/Conditions: SEPTIC TANK INSTALLED WITH risers & Polylock filter

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED AS SHOWN IN INITIAL 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 2-26-01 Installed by: Eddie Yountz & Son

Improvement Permit by: William O. Johnson RSI date 2/9/01 Operation Permit by: Patrick Mitchell date 07/12/02

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

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