2.5

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211251

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

PIN # 4722-49-8060.000

APPLICANT: Johnathan Harris APPLICANT ADDRESS: 233 Island Ford Rd. Statesville NC

SITE ADDRESS: 114 Buffalo Creek Dr. Statesville NC PHONE: 704-682-1810 ALT. PHONE: —

SITE DIRECTIONS: Old Mountain, To Buffalo Shoals, TR Buffalo Creek, 2nd Lot on TR

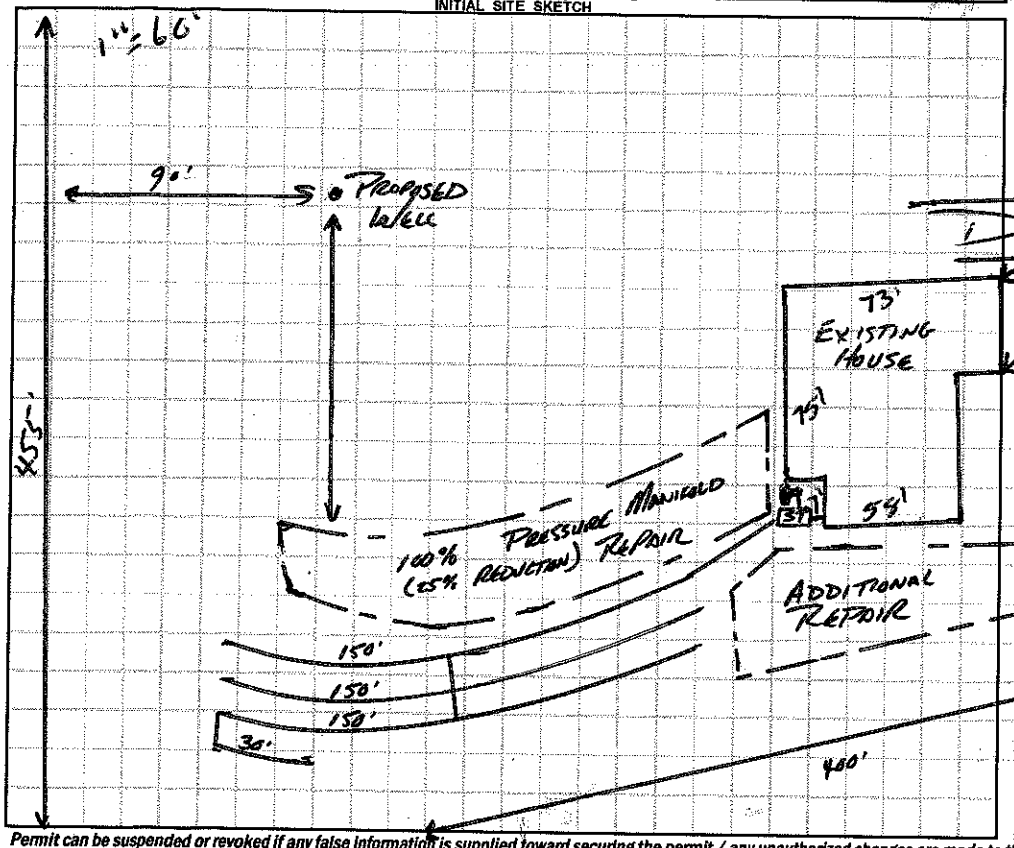
SUBDIVISION: Buffalo Creek SECTION: — LOT # 15 LOT AREA: 2.930 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .25 I / .3 R

Septic Tank	1000 (gal)	STB	794-1000	Date	11-16-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction - Gravity			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	25% Reduction - Pump			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	480'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	* 30" *	Gravel Depth	N/A		☒ GRAVITY		PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

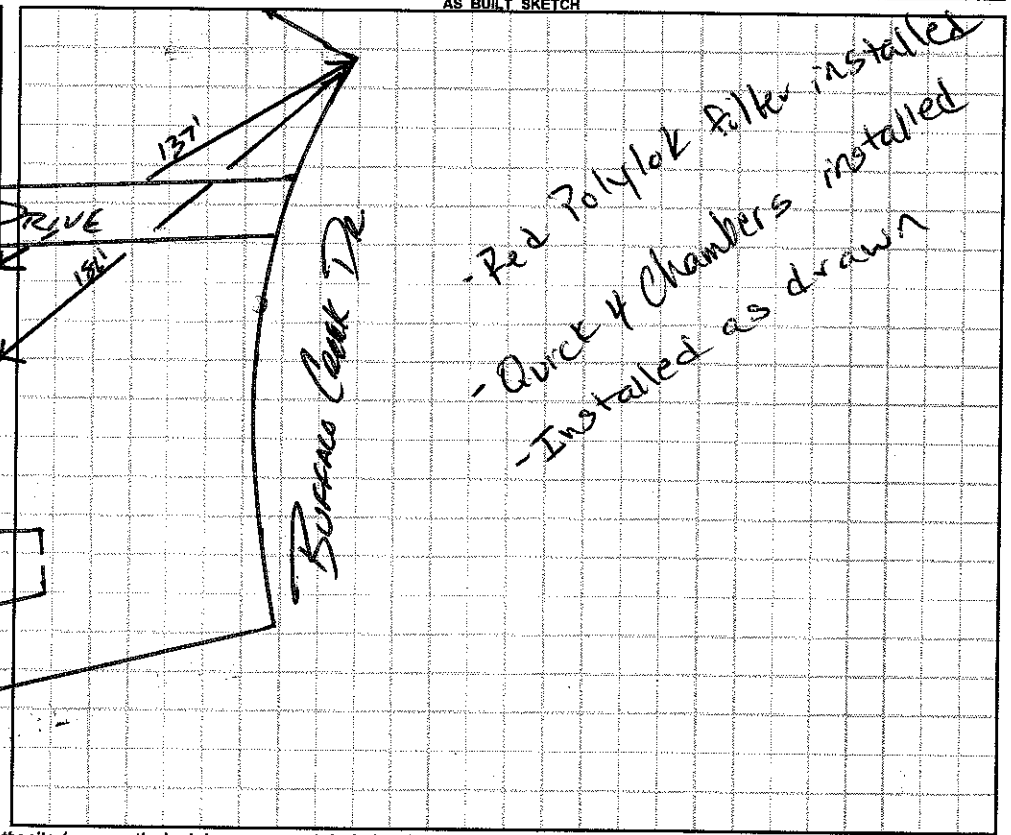
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Center Feed Lines That Are Greater Than 100' In Length. 5' Set Back Off House. This Permit Is A Relayout For Part of System In Main Area Because House Pad Was Cut Too Deep.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: Specialty Septic

IMPROVEMENT PERMIT by: APPROVED Date: DEC 07 2015 OPERATION PERMIT by: Justin Henderson Date: 12-16-15

AUTHORIZATION TO CONSTRUCT by: APPROVED DEC 07 2015 Existing System Inspected by: _____ Date: _____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK