IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4722-59-2937 DATE 1-6-06

OWNER OR CONTRACTOR TONY A. COFFEY PHONE: Business 704-528-7500 Home 704-528-2625

ADDRESS 1481 BUFFALO SHOALS ROAD, STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS ROAD S/W TO BOX #1481 ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.87 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ TO 400 Linear Feet 120

No Lines THREE 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: _____

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

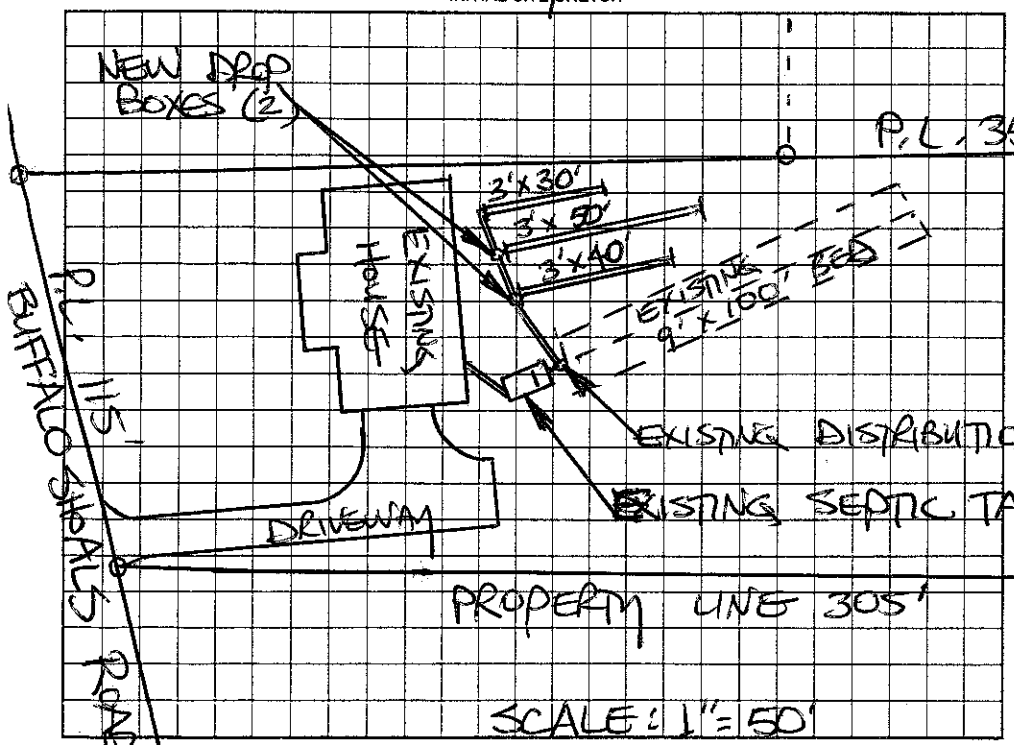
Water Supply: ☑ Individual ☐ Public ☐ Community

WELL

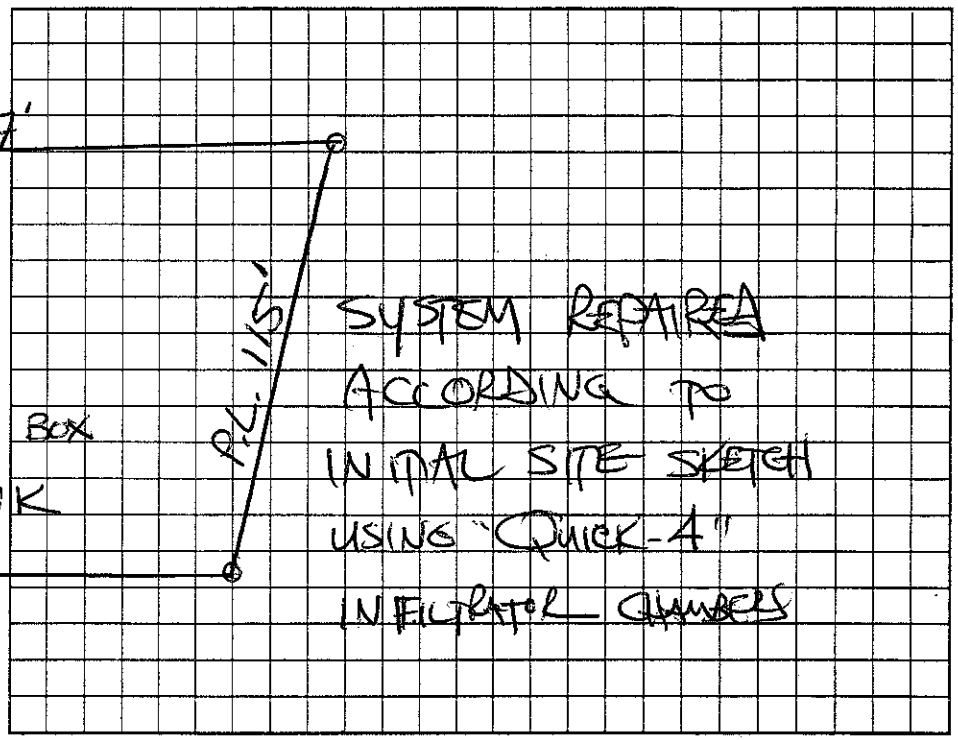
Comments:/Conditions: ① INSTALL NEW SANITARY TEE IN SEPTIC TANK IF NECESSARY ② INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED. ③ KEEP SYSTEM MINIMUM 5' FROM PROPERTY LINE.

Comments:/Conditions:

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.

Signed: Tony A. Coffey date 1-6-06 Installed by: JAMES HARDEE

Improvement Permit by: STEVE HEDRICK date 1-6-06 Operation Permit by: STEVE HEDRICK date 1-19-06

Authorization to Construct by: STEVE HEDRICK date 1-6-06 Existing System Inspection by: _____ date _____

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