# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # BF 210325

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

PIN # 4722595910

APPLICANT: Charles Curfies APPLICANT ADDRESS: 161 Buffalo Creek Dr Statesville NC

SITE ADDRESS: 161 Buffalo Creek Dr Statesville NC PHONE: 704-902-7860 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70 to Buffalo Shoals toward old Mtn T/L Buffalo Creek Lot on left

SUBDIVISION: Buffalo Creek SECTION: N/A LOT # 5 LOT AREA: 2.785ac DESIGN FLOW: Ey L.T.A.R.: Ey

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | Ey | (gal) | STB | | Date | | | | | | |
| Pump Tank | | (gal) | PT | | Date | | | | | | |
| Pump Make | | | Model | | Serial # | | | | | | |
| # Nitrification Fields | Ey | # Lines | Ey | Linear Ft: | Ey | | | | | | |
| Trench Width | Ey | Max. Trench Bottom Depth | Ey | Gravel Depth | N/A | | | | | | |

☐ New System ☐ Repair ☐ Expansion System Type: I II [III] IV V VI

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

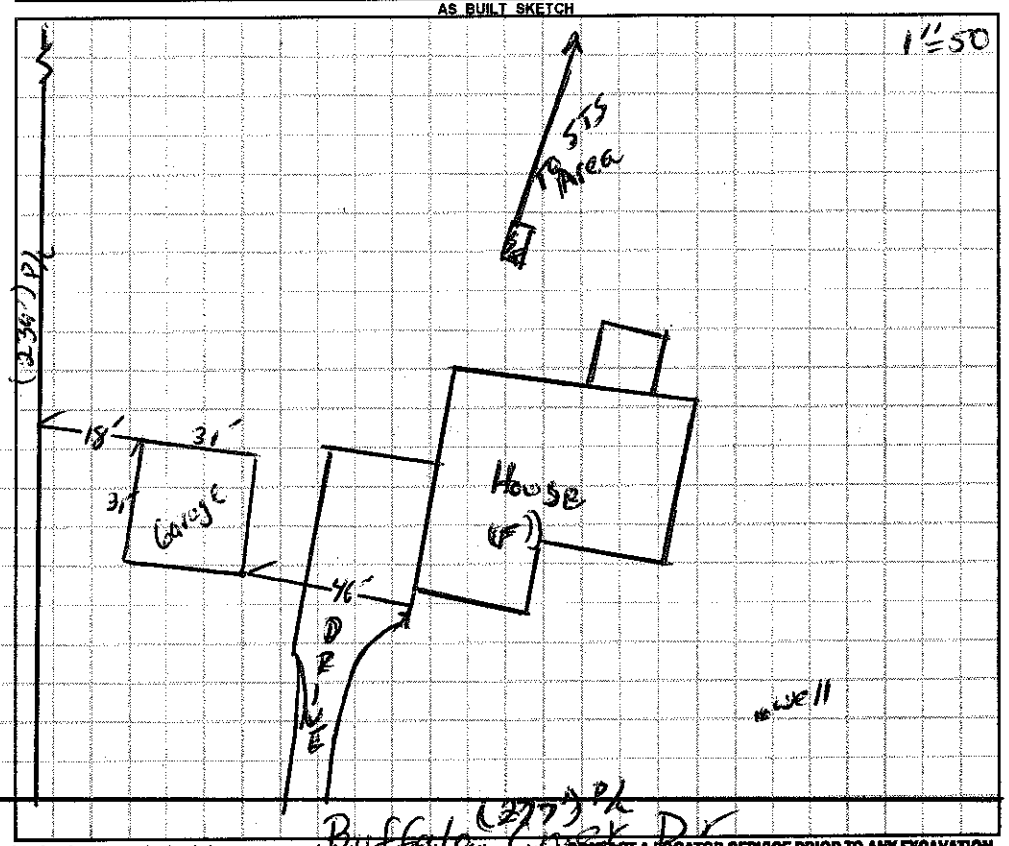
☒ Residence No. Bedrooms Ey ☐ Business No. Persons Ey ☐ Other No. Employees ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: All building foundations must be 55' from any STS and 525' from any well!

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: [signature] Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 05/22/15

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