THIS PERMIT REPLACES PREVIOUS ISSUED 1200 1-20-2007

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (GP) MOORESVILLE 704-664-5281

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

PERMIT# 139089 PIN# 4722-59-8526 DATE 1-12-2008

OWNER OR APPLICANT RICK & VICKIE BLAIR PHONE: Business ~~454-250-0337~~ Home 704-508-4141

ADDRESS 270 BUFFALO CREEK DRIVE STATESVILLE NC

LOCATION BUFFALO SHOALS ROAD TO BUFFALO CREEK DRIVE, 7TH LOT ON RIGHT

SUBDIVISION BUFFALO CREEK BLOCK / SECTION ____ LOT 10 LOT AREA 1.68 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons: STB 1012 Date 1-17-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ~~200~~ 1200 Linear Feet 300

No Lines THREE Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: 25% REDUCTION SYSTEM

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

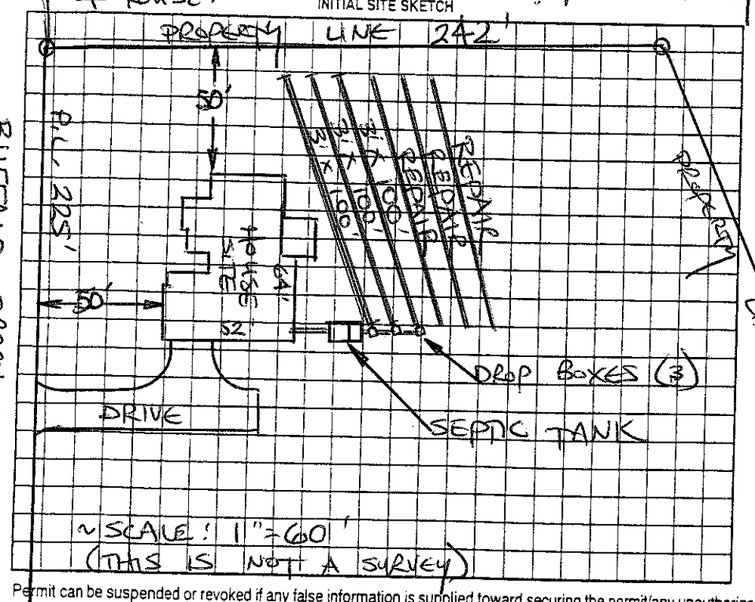
☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

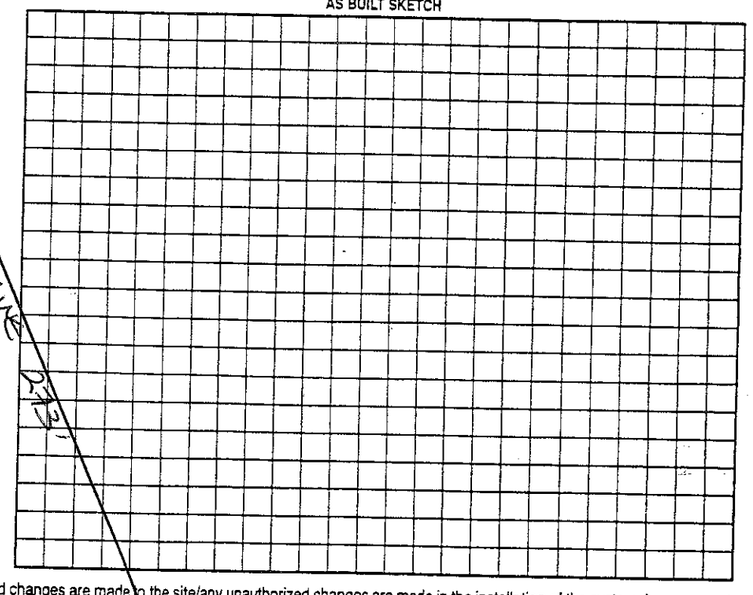
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN, NO DEEPER THAN 30". KEEP SYSTEM MINIMUM 100' FROM WELL. CONSTRUCTION TRAILER TO BE REMOVED UPON OCCUPANCY OF HOUSE.

Comments:/Conditions: Yellow Septic Tank Boyles marker

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: Vickie Blair date 3/19/08 P.C. Installed by: David Yount

Improvement Permit by: STEVE HENDRICK date 8-12-2008 Operation Permit by: Kenny Cook date 9-4-08

Authorization to Construct by: STEVE HENDRICK date 8-12-2008 Existing System Inspection by: ____ date ____

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