IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211316

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

PIN # 4722-69-6920.000

APPLICANT: Kent Spears APPLICANT ADDRESS: 440 Oakhurst Rd. Statesville NC

SITE ADDRESS: 173 Buffalo Valley Rd. Statesville NC PHONE: 828-312-48 ALT. PHONE: N/A

SITE DIRECTIONS: S on Buffalo Shoals Rd. from Garner Bagnal, TL Davidson, TR Buffalo Valley, AT END

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 5.880 Acre DESIGN FLOW: Ex. 360 GPD L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex. # Lines Ex. 3 Linear Ft: Existing

Trench Width Existing Max. Trench Bottom Depth Existing Gravel Depth Existing

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

System Description: Existing Conventional - Gravity

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Ex. 3

☐ Business No. Persons Ex. 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply

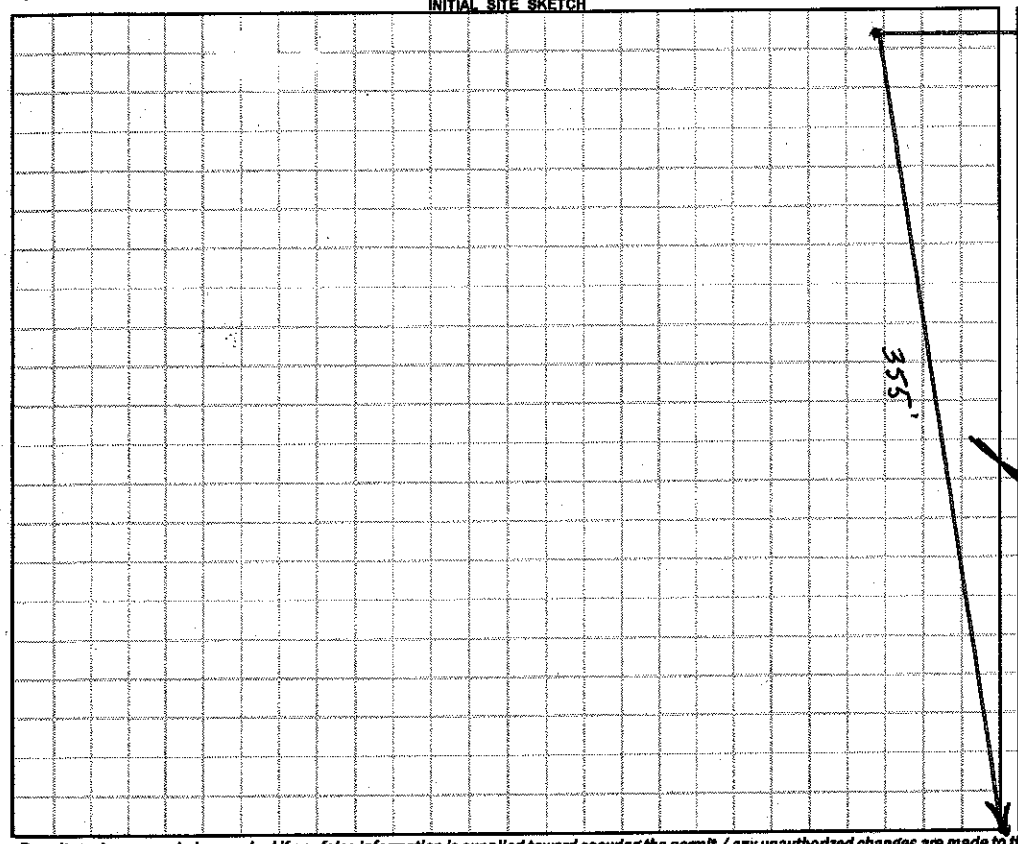
☒ Private

☐ Public

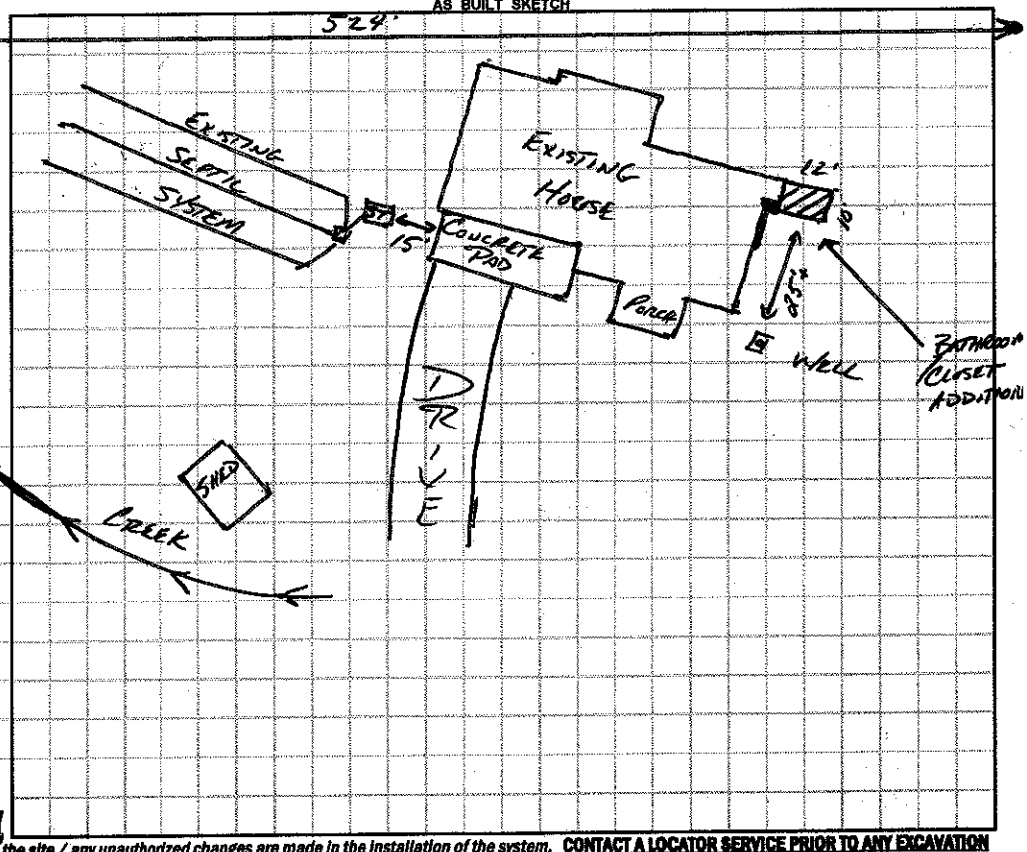
☐ Community

Comments / Conditions: System Assumed To Be Functioning At Time of Inspection. Bathroom / Closet Addition Must Be 25' From Existing 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: W. Kent Spears Date: 7-6-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 6/29/15

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