IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 153400 PIN# 4723503432 828-312-5234 JAMES WOODLIEF DATE 11-24-08

OWNER OR APPLICANT Ronnie & Kathryn Owens PHONE: Business 828-632-3885 Home 704-657-3382

ADDRESS 1464 Buffalo Shoals Rd Statesville NC 28677

LOCATION BUFFALO SHOALS RD ON RT AT BOX # 1464

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .55 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXIS TNK

Septic Tank: EXISTNK Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines 1 Trench Width _____ Max Trench Bottom Depth 90" Gravel Depth _____

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

System Description: 60% Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons 2

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: (1) NO OLD RECORDS FOUND (2) This is a properly functioning system in use (3) Adding Garage only no flow changes.

Comments/Conditions:

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM CHECK DESIGN BY LORNE CODLE R.S.

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: James D. Woolliver Jr. date 11-26-08

Improvement Permit by: _____ date _____

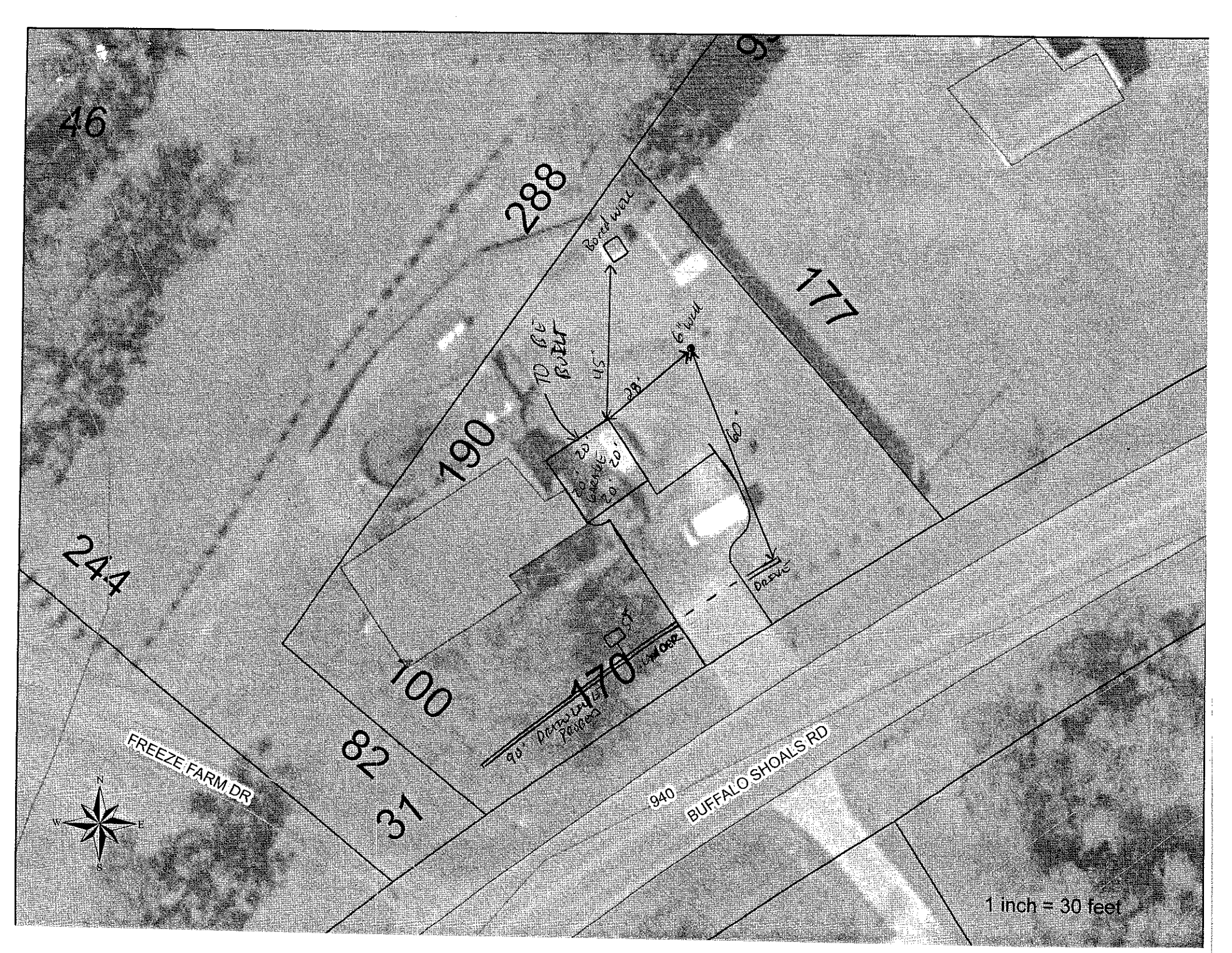
Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 11-25-08

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


46
288
177
190
244
100
170
82
31
940
FREEZE FARM DR
BUFFALO SHOALS RD
Bird house
70 gal
45'
28'
60'
6' wide
20' Easement
Drive
1 inch = 30 feet