IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112895 PIN# ~~4723-95-4606.06~~ 4723-85-3399 DATE 5-14-03

OWNER OR CONTRACTOR Jenkins + Williams PHONE: Business (704) 872-0922 Home

ADDRESS P.O. Box 5877 Statesville, NC 28687

LOCATION Buffalo Shoals Rd. (2) Avey Road, ~ 300 ft on the left

SUBDIVISION Avey Acres BLOCK / SECTION 1 LOT 9 LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 ~~spr/ft²~~

Septic Tank: 1000 Gallons; STB 1007 Date 4/15/03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conv.
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

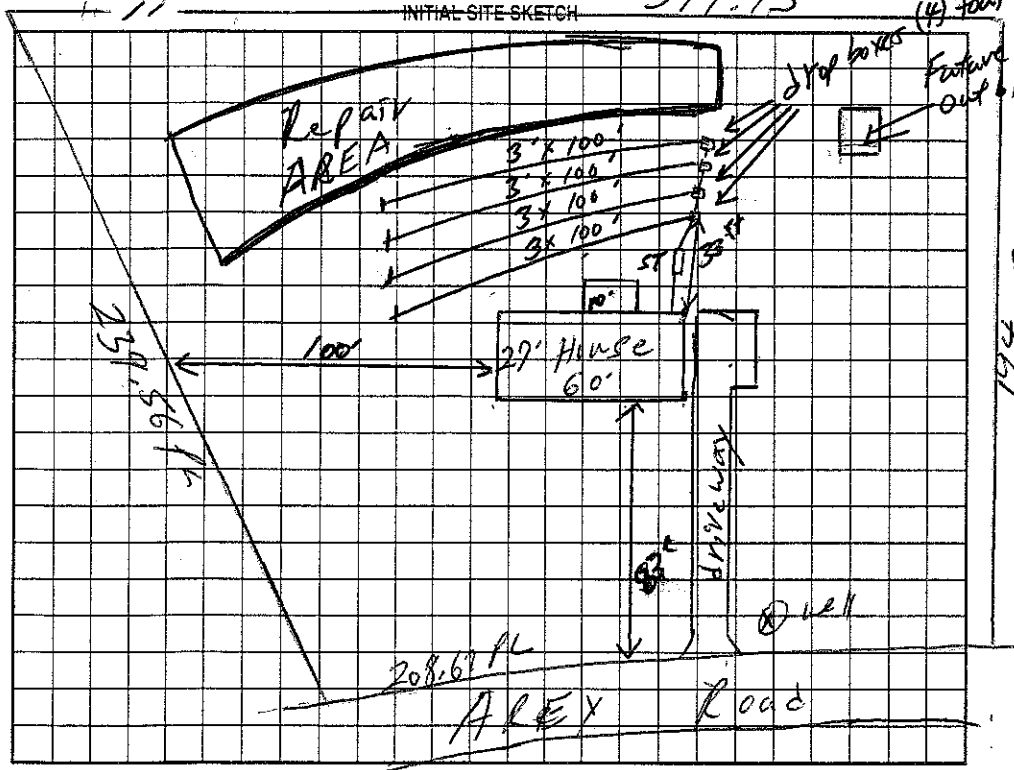
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~☒ Individual~~ ☐ Public ☐ Community

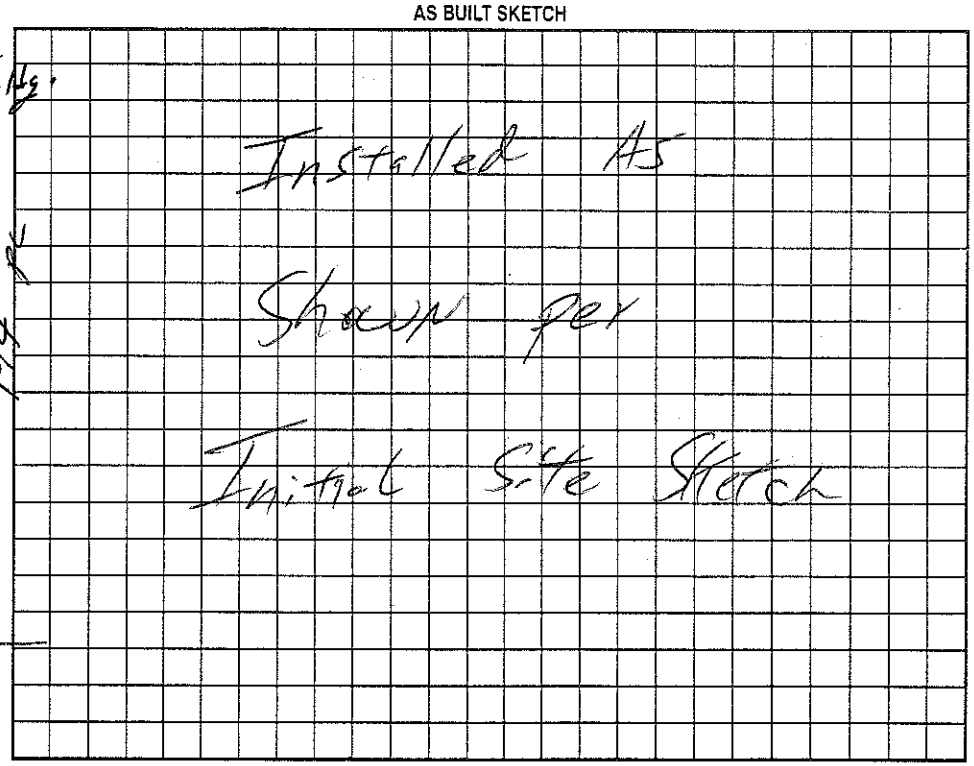
Comments:/Conditions: (2) Install lines on contours (2) Maintain proper setbacks

Comments:/Conditions: Polyloc Silt Fence + ST marker Installed

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: [signature] date 5/15/03 Installed by: Tommy Cothern + Son

Improvement Permit by: William O. Johnson date 5/14/03 Operation Permit by: William O. Johnson date 6/10/03

Authorization to Construct by: William O. Johnson date 5/14/03 Existing System Inspection by: date

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