IREDELL COUNTY HEALTH DEPARTMENT

CI

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

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

PERMIT# 118354 PIN# 4723-85-4345 DATE 3-1-04

OWNER OR CONTRACTOR JENKINS & WILLIAMS PHONE: Business 704-872-0922 Home 704-902-1145

ADDRESS PO BOX 5877 STATESVILLE, NC 28687

LOCATION BUFF SHOALS WEST, (L) AREY RD ≈ 100 YARDS ON LEFT LOT #8

SUBDIVISION AREY ACRES BLOCK / SECTION 1 LOT 8 LOT AREA .42 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1017 Date 10-1-03
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet EQ=1440 Linear Feet 360'
No Lines ~~4~~ 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAV 25% RED
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

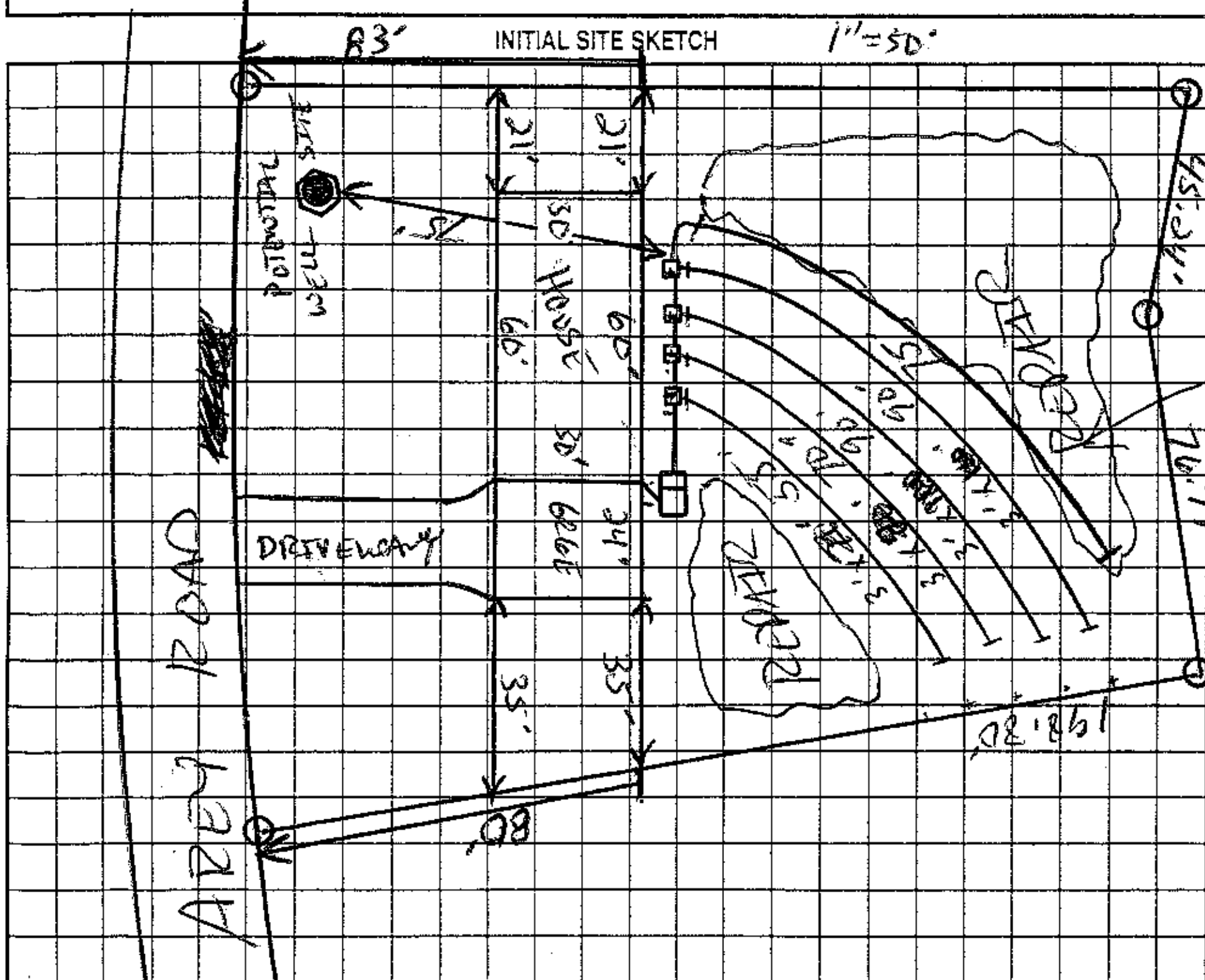
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

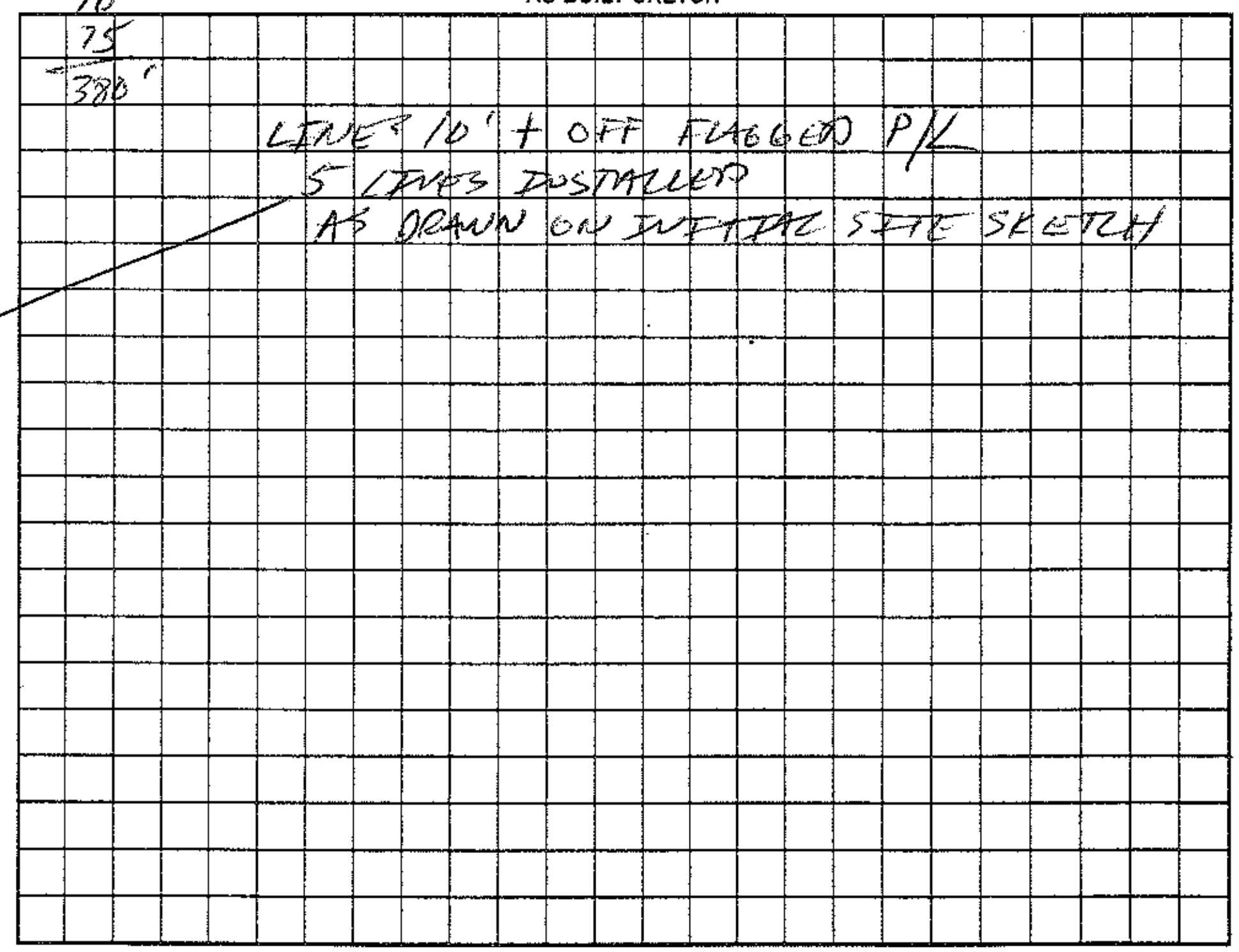
Comments:/Conditions: (1) HOUSE & SYSTEM FLAGGED OUT COMPLETELY ON CONTOUR (2) MAINTAIN SETBACKS

Comments:/Conditions: TUFFTITE FILTER & MARKER
55
72
90
90
75
380'

INITIAL SITE SKETCH 1"=50'



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 ______

Improvement Permit by: [signature] CS date 3-1-04

Authorization to Construct by: [signature] RS date 3-1-04

Installed by: TOMMY FRYE

Operation Permit by: [signature] RS date 4-6-04

Existing System Inspection by: ______ date ______

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