IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4723 87 6383 DATE 4-15-09

OWNER or APPLICANT TAMARA HALL KNIGHT PHONE: Business 704-838-6416 Home:

OWNER or APPLICANT ADDRESS 1025 BUFFALO SHOALS Rd Statesville NC 28677

LOCATION / DIRECTIONS HWY 70 (E) BUFFALO SHOALS (L) BOX # 1025 PART RAVENWOOD LANE

SUBDIVISION RAVENWOOD BLOCK / SECTION 1 LOT # 1 LOT AREA 130x234' DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank ____ Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 2 Linear Feet ≈ 90'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth ____

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

~~System Description:~~ 12" SAND / 12" 25% REDUCTION

Repair System Description: OR CONVENTIONAL

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

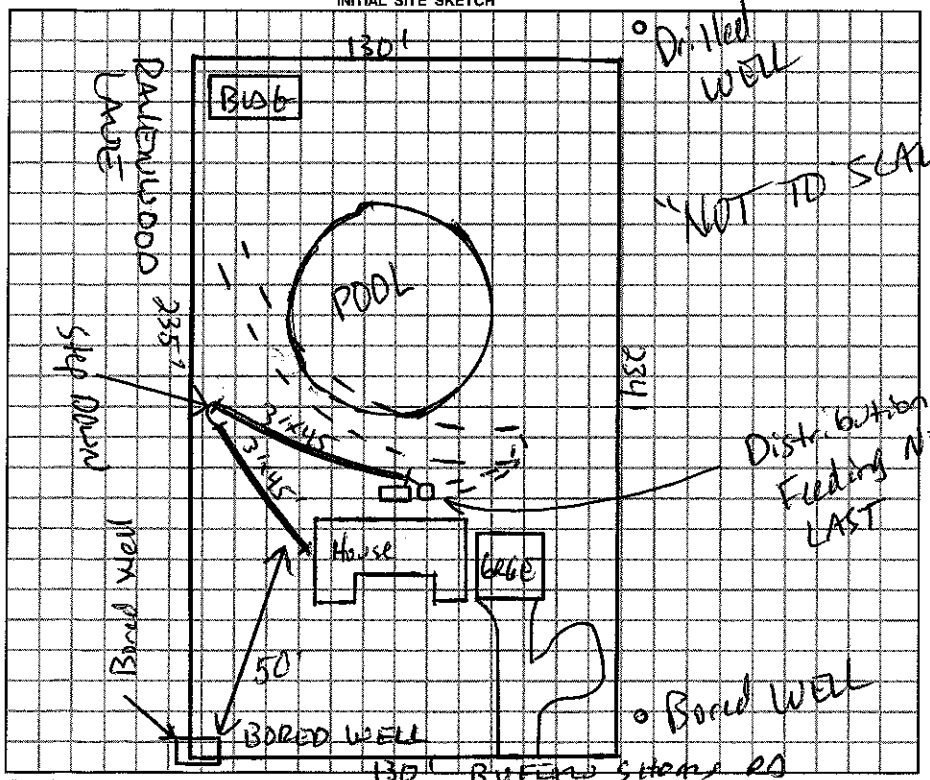
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions (1) CALL Prior to installation for Construction Visit with LORNE COOK, R.S. (2) Use ≈ 90' of CONVENTIONAL OR 25% REDUCTION WITH 12" SAND BELOW IT. SEE Additional Comments

Comments / Conditions (3) NO OLD RECORDS FOUND (4) Stay 50' From WELL (5) This Permit Serves As Notice of Violation & MUST Be Repaired WITHIN 30 DAYS.

INITIAL SITE SKETCH



AS BUILT SKETCH

NEW BOX ADDED, DIST. BOX W/SPEED LEVELERS FED OLD LINES 1ST & NEW LINE LAST.

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 4-16-09

Improvement Permit by: [signature] Date 4-15-09

Authorization to Construct by: [signature] Date 4-15-09

Installed by: STEVE JORDAN / PIEDMONT BACKHOE

Operation Permit by: [signature] Date: 4-30-09

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant