IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 17082 PIN# 4723 94 3264 4344 DATE 1-5-07

OWNER OR APPLICANT MATTHEW GALLYON PHONE: Business 704-902-1403 Home 704-522-4110

ADDRESS 110 WEST STOCKS LN STATESVILLE NC 28677

LOCATION BUFFALO SHOALS ① ADEY ② BY BRIDGE AT BOX # 308

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ≈2.5ac SITE CLASS. PS DESIGN FLOW 400 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 1007 Date 9/18/07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600' Linear Feet 400

No Lines 5X133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description: GRAVITY LOAD 35%

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No PUMP

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons _____ No. Employees _____

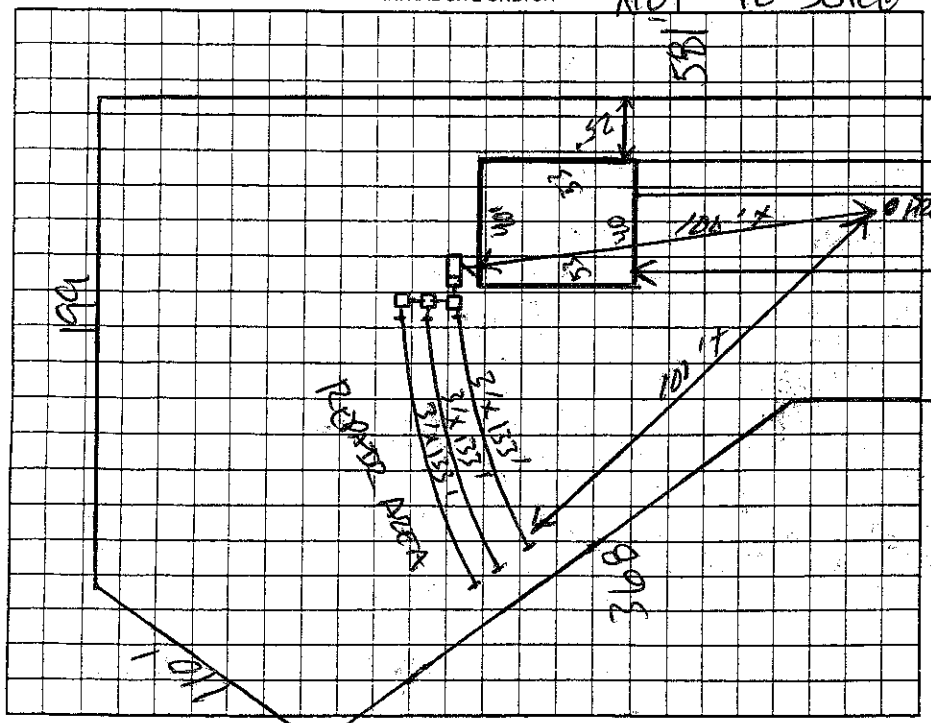
Water Supply: ☒ Individual ☐ Public ☐ Community

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

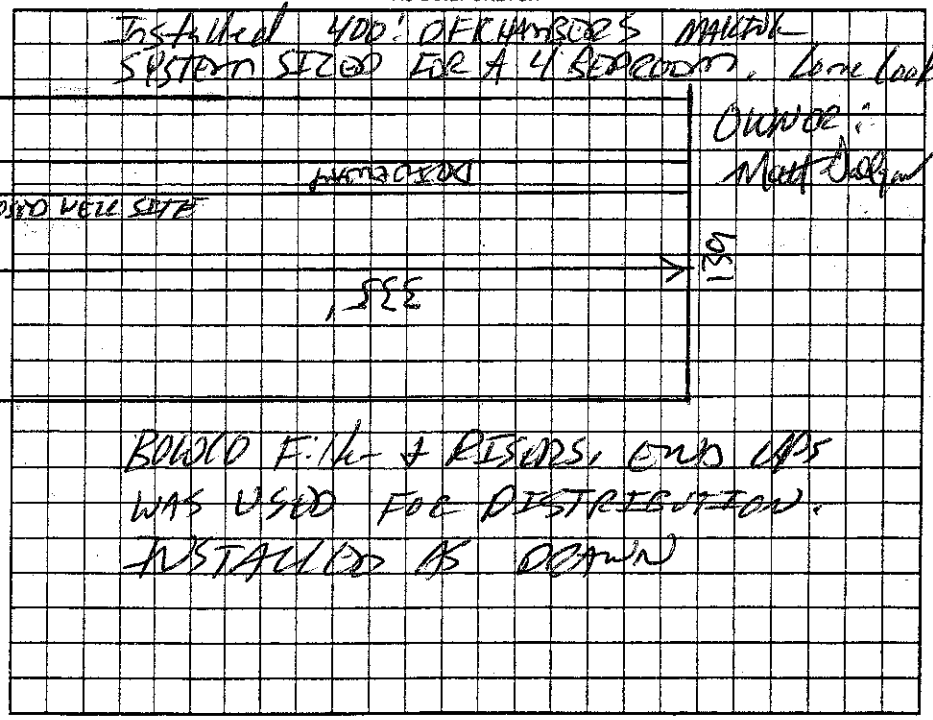
Comments/Conditions: ① INSTALL LINES ON CONTOURS + MAINTAIN SETBACKS @ BASEMENT ALREADY DUG OUT.

Comments/Conditions: ④ ALL ACCEPTED SYSTEMS CAN BE USED ⑤ THERE IS A BEDROCK AND PERKING SOIL WORK WAS DONE BY GARY MCABEE, R.S.

INITIAL SITE SKETCH "NOT TO SCALE"



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: J Matthew Gallyon date 2-20-07

Improvement Permit by: _____ date 1-5-07

Authorization to Construct by: _____ date 1-5-07

Installed by: WAYNE COUNTZ

Operation Permit by: _____ date 4/19/07

Existing System Inspection by: _____ date _____

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