CI/CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 10-31-01

PERMIT# 102860 PIN# 4723-94-9647 PHONE: Business 704-873-7983 Home 704-892-1019

OWNER OR CONTRACTOR MARK YOUNG / Billy C. OVERCASH

ADDRESS 19924 FLORAL LANE CORNELIUS NC 28031

LOCATION BEHIND 203 AREY RD; BUFFALO SHOALS, ① AREY BEHIND 4TH HOUSE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.0 AC SITE CLASS _____ DESIGN FLOW 375 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 8-25 Date 6-30-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONV 6 WAY

Repair System Description: GRAV 2540 LPD

Maintenance Agreement Required: ☐ Yes X No

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

☐ House/Mod. Home No. Bedrooms 2

X Mobile Home DW No. Bathrooms 2

☐ Business No. Employees _____

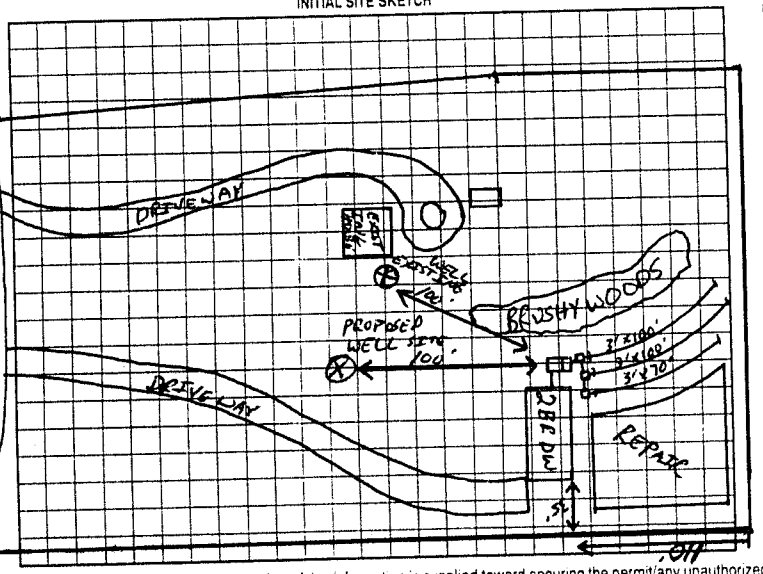
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community WELL

Comments/Conditions: ① MAINTAIN SETBACKS ② KEEP WELL 100' AWAY FROM ANY PART OF SYSTEM ③ INSTALL LINES ON CONTOURS

Comments/Conditions POLYLOK FILTER & MARKER; INSTALLED AS SHOWN

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: Billy C. Overcash date 10/31/01

Improvement Permit by: [signature] RS date 10-31-01

Authorization to Construct by: [signature] RS date 10-31-01

Installed by: BOBS BACKHOE

Operation Permit by: [signature] RS date 11-9-01

Existing System Inspection by: _____ date _____

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