IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 315.05 Pg 9 MOORESVILLE 704-664-5281

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

PERMIT# 121313 PIN# 4730 70 7787 DATE 1/5/05

OWNER OR CONTRACTOR April Poe PHONE: Business 336-384-9887 Home

ADDRESS 1081 Old Buffalo Rd. West Jefferson, NC 28694

LOCATION Perth N TL Shady Cove TL Alfera Ln. on (R) -

SUBDIVISION Shady Cove BLOCK / SECTION 2 LOT 33 LOT AREA 1 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 3/4/04

Pump Tank: 1000 Gallons; PT 12964 Date 3/7/04

Pump Make: Zoeller Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200

No Lines 4 @ 50' Trench Width 2-3 Max Trench Bottom Depth 36 Gravel Depth No

[X] New System [ ] Repair System Type: I, II, III, (IV), V, VI

System Description: Box → 16" PPBPS

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

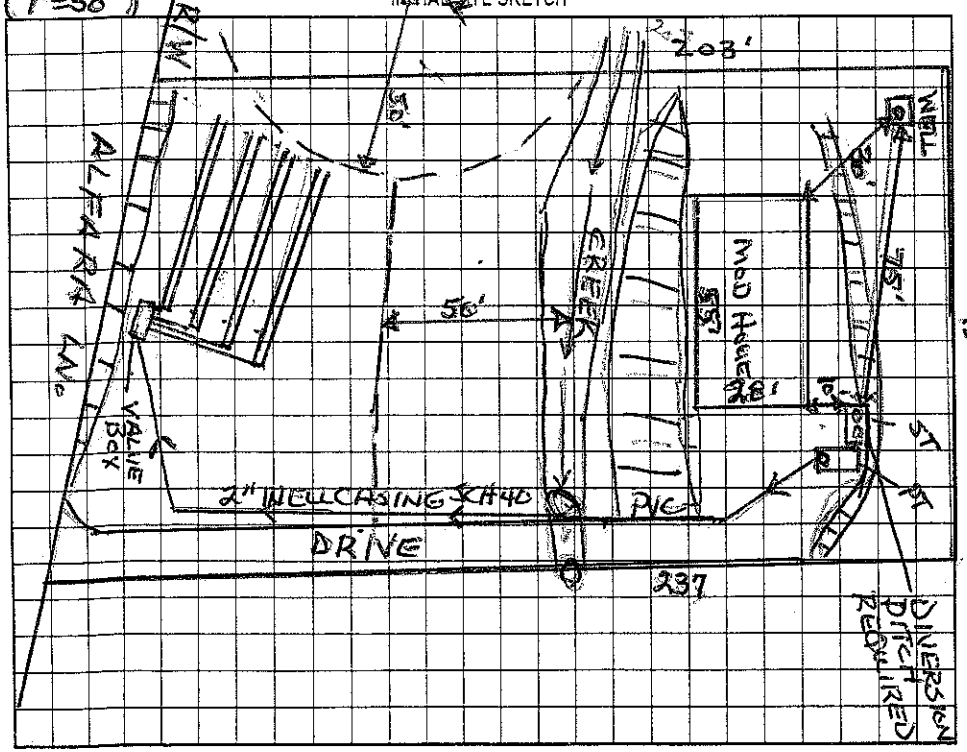
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: This is pressure dosed 16" PPBPS
1 - 3/16" hole per panel, maximum dose 110 gallons
30 GPM against Elevation Head shot on site

Comments:/Conditions:
This system will require a Maintenance Contract

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: * April R Poe date 1-6-05 Installed by: L+L Construction

Improvement Permit by: Wesley Sparks RS. date 1/5/05 Operation Permit by: Wesley Sparks RS date 9/6/05

Authorization to Construct by: Wesley Sparks RS. date 1/5/05 Existing System Inspection by: _____ date _____

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