1ST CHOICE HOUSING

IREDELL COUNTY HEALTH DEPARTMENT

CI

STATESVILLE 704-878-5305

CI

MOORESVILLE 704-664-5281

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

PERMIT# 129167 PIN# 4733-18-3335 4494 DATE 10-17-07

OWNER OR APPLICANT MARGARET CLOER PHONE: Business _____ Home 704-883-8228

ADDRESS 881 BUFFALO SHOALS ROAD, STATESVILLE, NC 28625

LOCATION FROM US64 (CORNER RAGNER BLVD), BUFFALO SHOALS ROAD CROSS RR TRACKS, LOT ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.15 ACRES SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 825 Date 12-23-07

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth NA

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

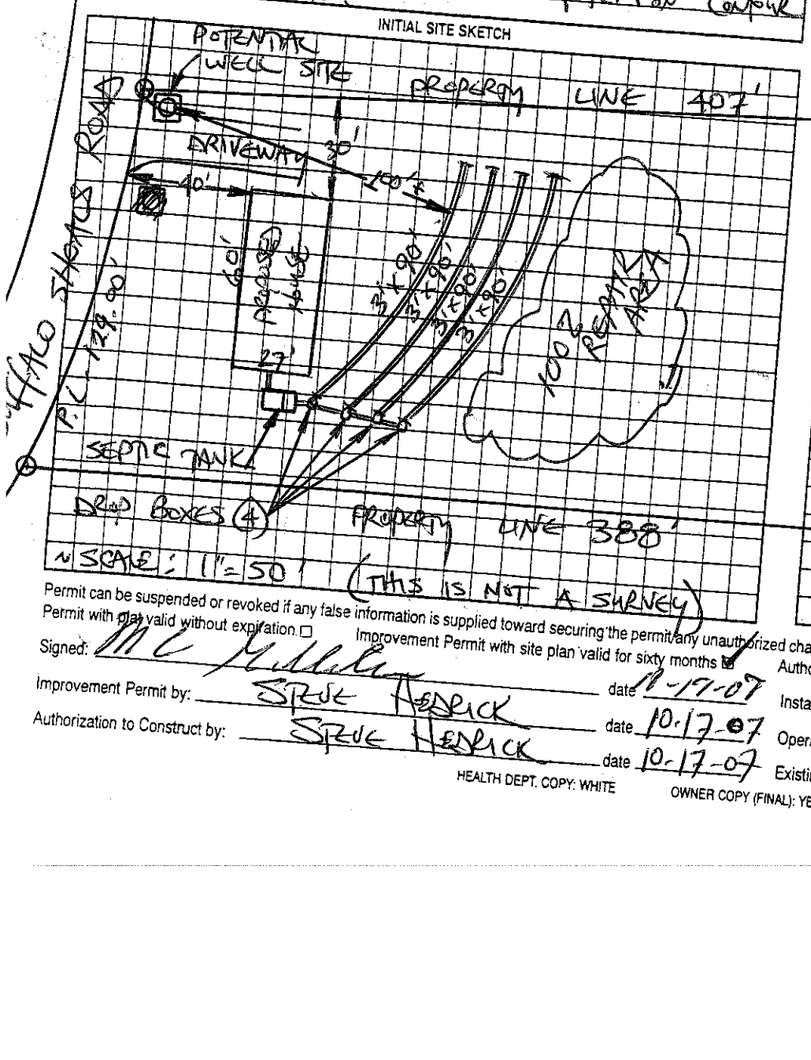
No. Bedrooms 3 No. Persons ___ No. Employees ___

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

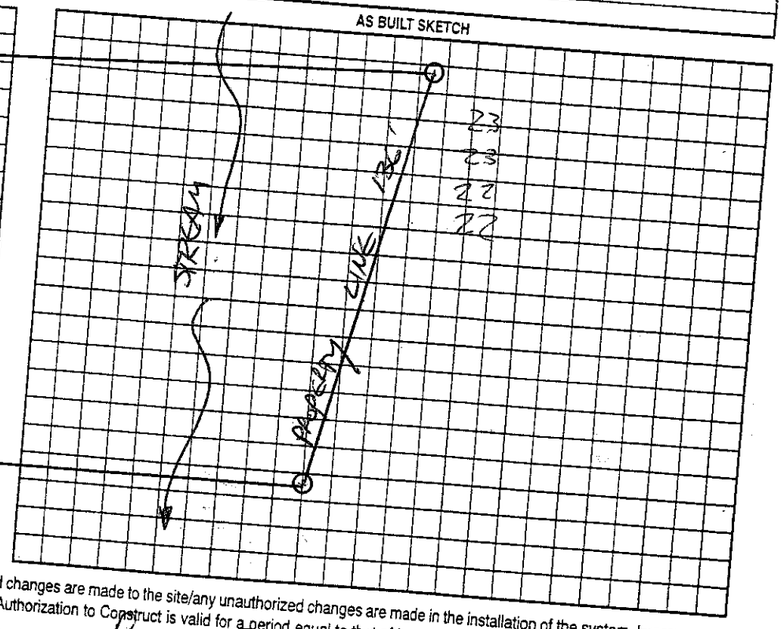
Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL (15A NCAC 18A .1956 (6))
② INSTALL 25% REDUCTION SYSTEM on Contour AS SHOWN.

Comments/Conditions:

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: _____ date 10-17-07

Improvement Permit by: STEVE HENDRICK date 10-17-07

Authorization to Construct by: STEVE HENDRICK date 10-17-07

Installed by: Rowan Septic

Operation Permit by: _____ date 2-4-08

Existing System Inspection by: _____ date _____

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