# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110113 PIN# ~~4734-30-7019~~ 4734-31-7019 DATE 03/27/03

OWNER OR CONTRACTOR P.S. WEST CONST, PHONE: Business 704-873-4325 ~~Home~~ 704-902-7396 (CELL)

ADDRESS P.O. BOX 751 STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS RD. SOUTH FROM STATESVILLE, (R) JOHNSON ST., PROPERTY ON LEFT, ON CORNER OF JOHNSON & BUFFALO SHOALS

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA ~2.0 ACRES SITE CLASS. PS DESIGN FLOW 125 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 12/28/02
Pump Tank: [redacted] Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 140
No Lines 2@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) [redacted] IV, V, VI
System Description: [redacted] CONVENTIONAL
Repair System Description: [redacted] 25% REDUCTION
Maintenance Agreement Required: ☐ Yes X No
X Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

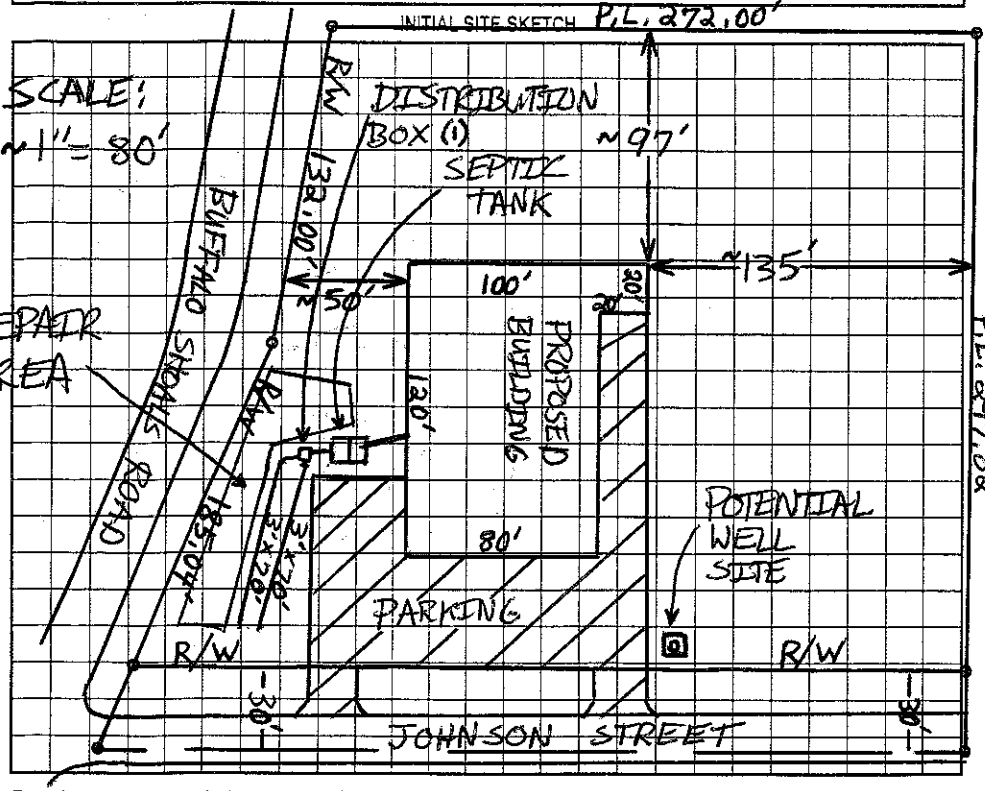
☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
X Business No. Employees 5
☐ Other ____

Water Supply:
X Individual
☐ Public
☐ Community
WELL

Comments/Conditions:
*SYSTEM SIZED FOR 5 EMPLOYEES ONLY.
(1) KEEP WELL 100' PLUS FROM SEPTIC SYSTEM.
(2) AFTER INSTALLATION MAKE SURE DRAINAGE IS OFF SYSTEM.

Comments/Conditions:
*-S.T. INSTALLED USING TUFF TIGHT FILTER & MARKER.

INITIAL SITE SKETCH




AS BUILT SKETCH

*SYSTEM INSTALLED AS SHOWN IN INITIAL SITE 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: Elmer Cates (PS West Const) date 3-31-03 Installed by: STEVE FORDAN

Improvement Permit by: Patrick Mitchell date 03/27/03 Operation Permit by: Patrick Mitchell date 07/07/03

Authorization to Construct by: Patrick Mitchell date 03/31/03 Existing System Inspection by: ____ date ____

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