IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 10-29-02

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-664-5281

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

PERMIT# 104194 PIN# 4705-98-0246 DATE 10-29-02

OWNER OR CONTRACTOR ALLIED PARTNERS PHONE: Business 704-902-4310 Home 704-876-8600

ADDRESS 310 TREEBARK RD, STATESVILLE, NC 28625

LOCATION NC 90 WEST, TL VILLAGE POINT DRIVE, 1ST LOT ON LEFT

SUBDIVISION VILLAGE POINT BLOCK / SECTION ____ LOT 11 LOT AREA 0.63 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-5-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ-70 1600 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No ☐ other ____

☐ House/Mod. Home ☑ Mobile Home ☐ Business

No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

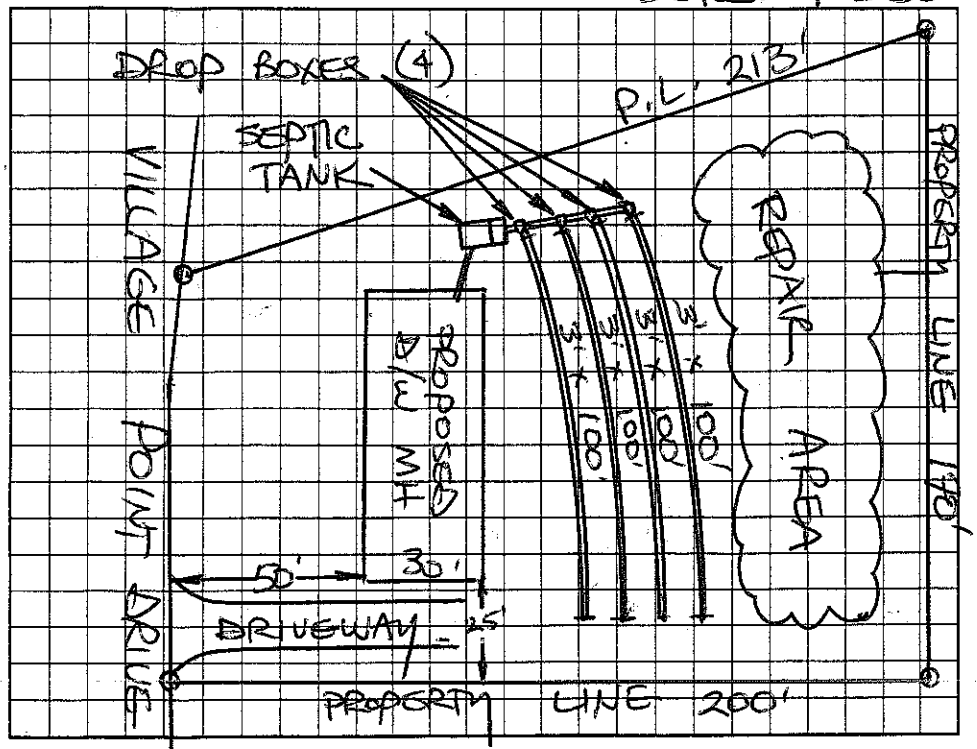
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH ~ SCALE: 1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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: ____ date ____ Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 10.29.02 Operation Permit by: STEVE HEDRICK date 1-3-05

Authorization to Construct by: STEVE HEDRICK date 10.29.02 Existing System Inspection by: ____ date ____

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