20

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~091586~~ 163687 PIN# 4705- 98 - 0451 876-8600 DATE 7/31/03

OWNER OR CONTRACTOR Allied Partners PHONE: Business (704) 871-1536 Home —

ADDRESS 310 Tree bark Rd Statesville, N. C. 28687

LOCATION Hwy 90 West, L on Village Point Drive on Left before cul-de-sac

SUBDIVISION Village Point BLOCK / SECTION — LOT 12 LOT AREA .60 SITE CLASS. #5 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 8-13-10

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

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

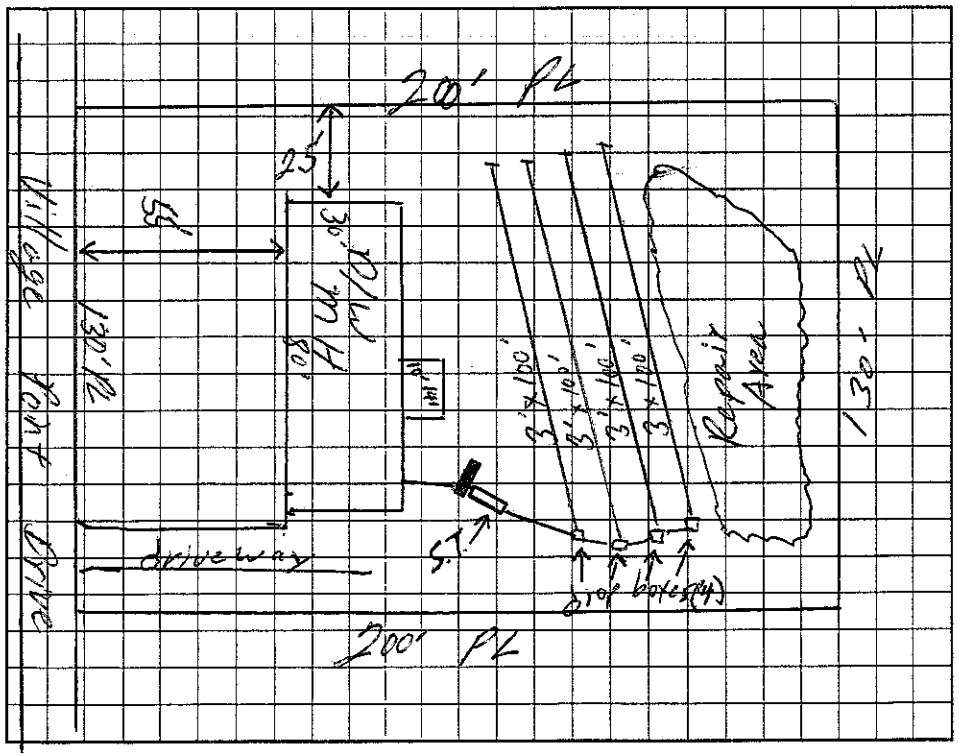
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

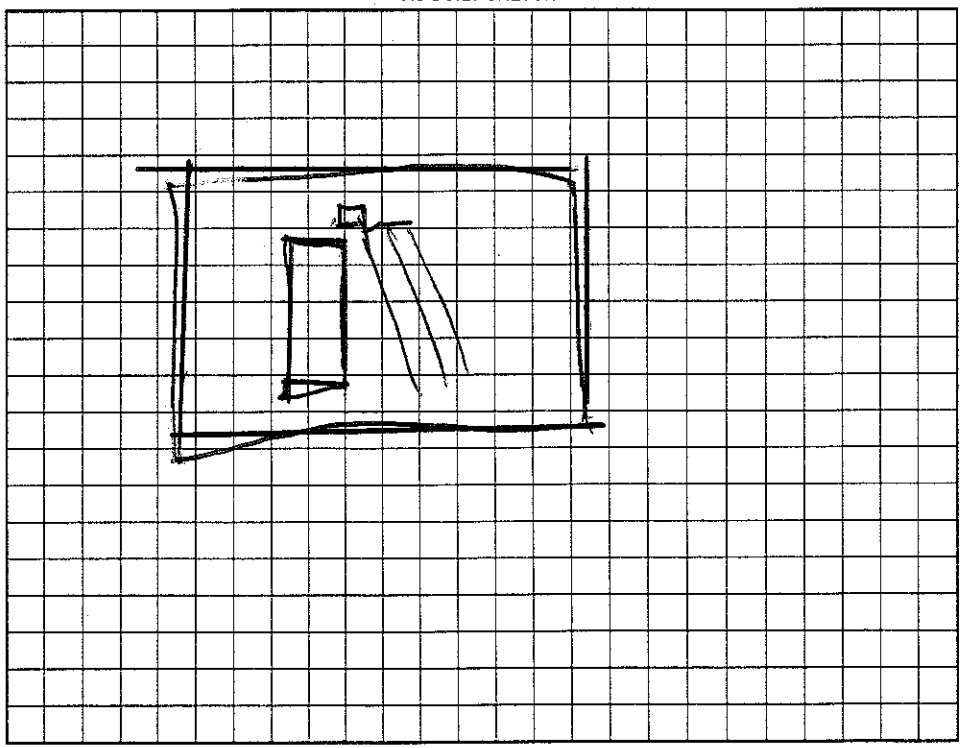
Comments:/Conditions:

endcap Arc 36

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 _____

Improvement Permit by: William O. Johnson date 7/31/03

Authorization to Construct by: STEVE HEDRICK date 10/5/10

Installed by: Abee Grading

Operation Permit by: _____ date 10-15-10

Existing System Inspection by: _____ date _____

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