IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 9-24-03

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

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

PERMIT# 091588 PIN# 4705-98-0667 DATE 10-7-04

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 (NEAR END) ON LEFT

SUBDIVISION VILLAGE POINT BLOCK / SECTION ____ LOT 14 LOT AREA 0.6 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 760 Date 9-26-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Fields 1 Square Feet EQ TO 1600 Linear Feet 400

No. Lines FOUR Trench Width 36" Max Trench Bottom Depth (34") 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

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

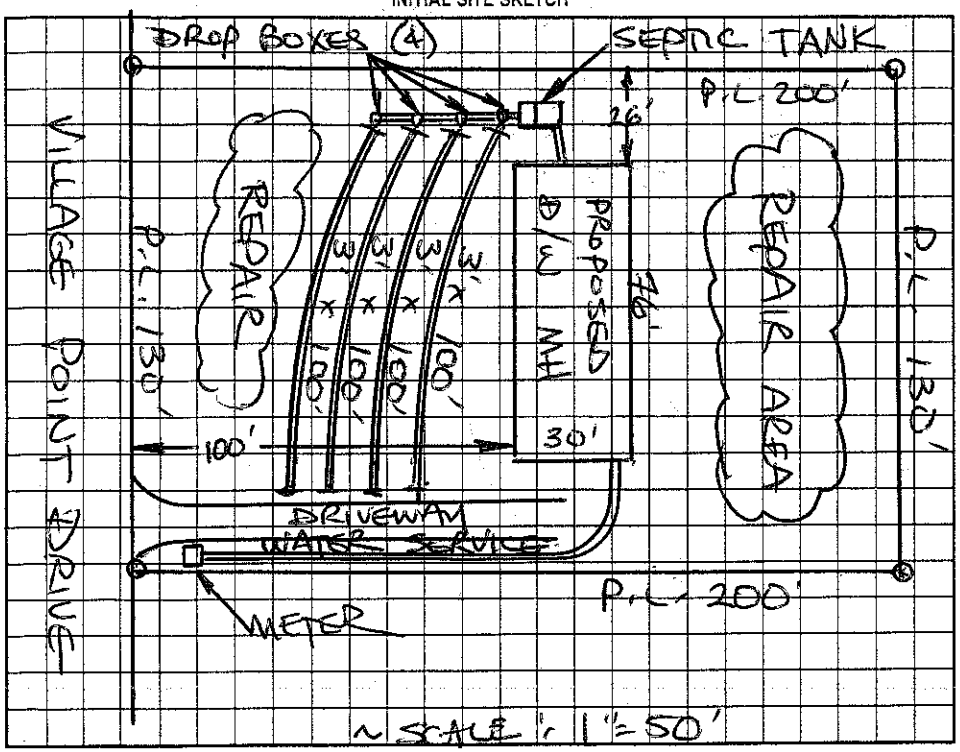
No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

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

Water Supply: ☐ Individual ☐ Public ☐ Community

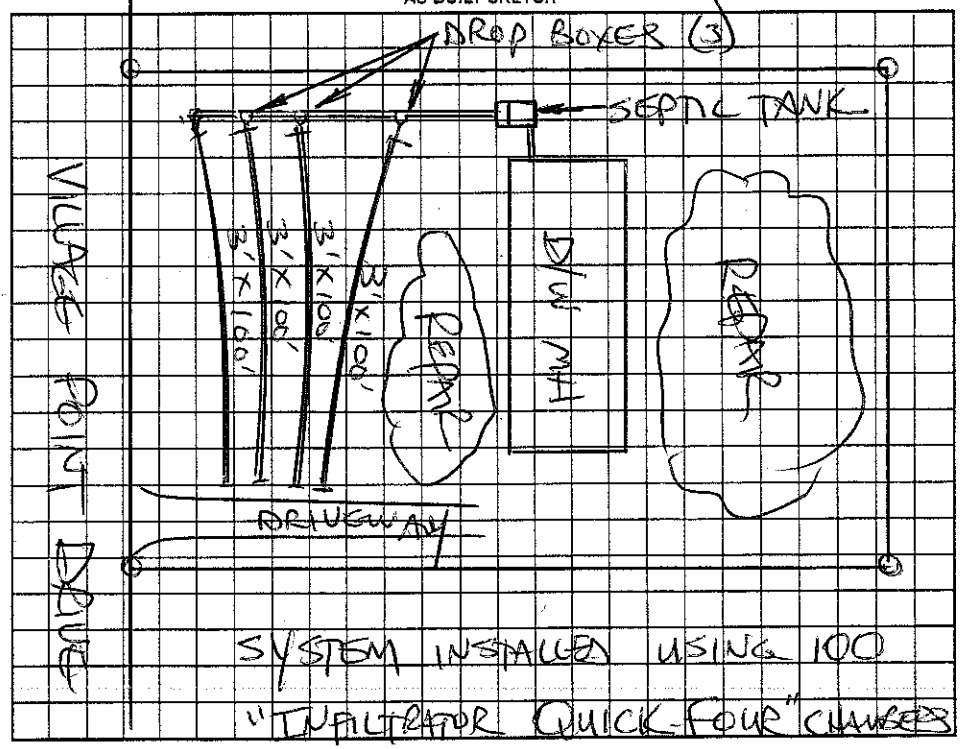
Comments/Conditions: ① INSTALL DRAINLINES NO DEEPER THAN 34" ON CONTOUR ② DO NOT INSTALL DURING PERIODS OF WET SOIL CONDITIONS ③ KEEP SYSTEM MINIMUM 10 FEET FROM WATER LINE.

INITIAL SITE SKETCH



Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "RED POLYLOK" FILTER. SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL

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: STEVE HEDRICK date 10-7-04

Authorization to Construct by: STEVE HEDRICK date 10-7-04

Installed by: TIM ABEE GRADING

Operation Permit by: STEVE HEDRICK date 1-24-05

Existing System Inspection by: ____ date ____

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