3-30-4

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127043 PIN# 4705-98-3574 DATE 4-9-05

OWNER OR CONTRACTOR ALLED PARTNERS, LLC PHONE: Business 704-902-4310 Home 704-876-8600

ADDRESS 310 TREEBARK ROAD, STATESVILLE, NC 28625

LOCATION NC 90 WEST, TL VILLAGE POINT DRIVE, TR HEARTWOOD LANE, 6TH LOT ON LEFT

SUBDIVISION VILLAGE POINT BLOCK / SECTION ____ LOT 44 LOT AREA 0.55ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 7-24

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 FIVE 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

☑ House/Mod. Home No. Bedrooms 4

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

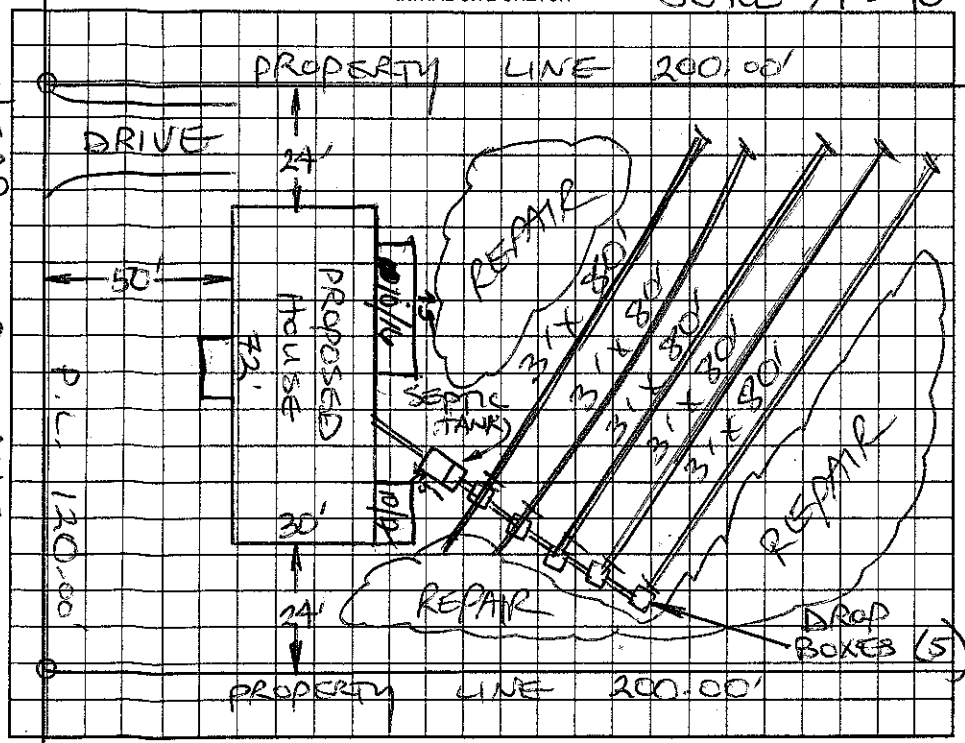
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

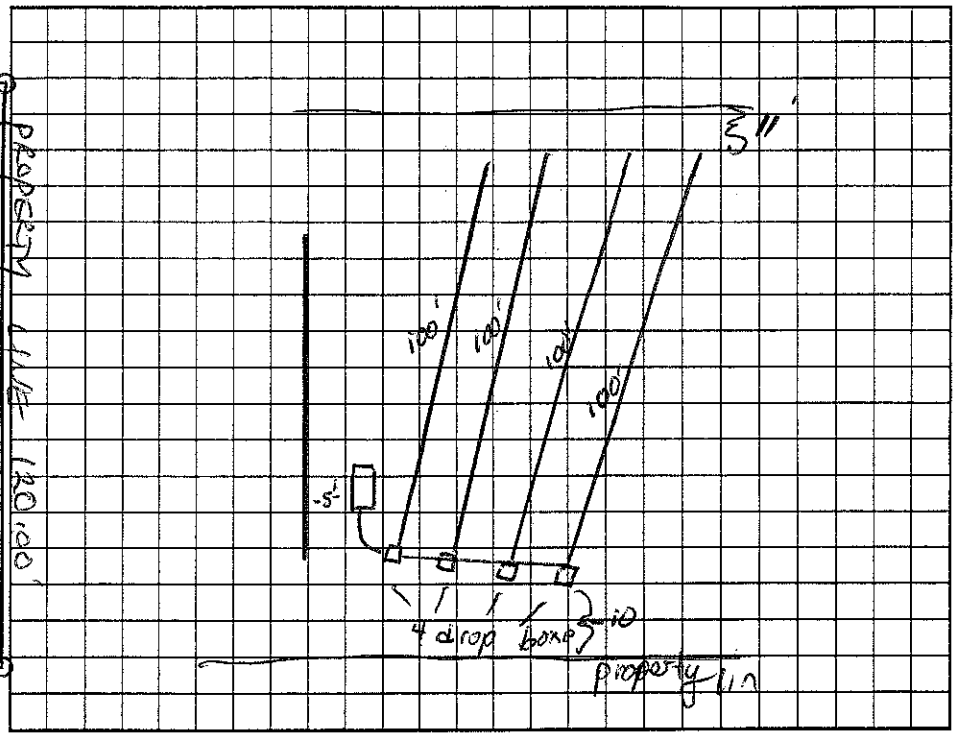
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

Comments:/Conditions:

INITIAL SITE SKETCH ~ SCALE: 1"=40'



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 4-12-05 Installed by: Abee's Grading

Improvement Permit by: STEVE HEDRICK date 4-9-05 Operation Permit by: ____ date 3-18-10

Authorization to Construct by: ____ date 2-10-10 Existing System Inspection by: ____ date ____

A/C 2-10-10

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