IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104198 PIN# 4705-98-4852 DATE 7/16/03

OWNER OR CONTRACTOR Allied Partners LLC PHONE: Business (704) 876-8600 ~~Home~~ cell # (704) 902-4316

ADDRESS 310 Treeborn Rd Statesville, NC, 28625

LOCATION Hwy 90 west, Left Village Point, Right Hartwood Drive, last lot on right before end.

SUBDIVISION Village Point BLOCK / SECTION ____ LOT 18 LOT AREA .77 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 4000 Gallons; STB 1012 Date 6-18-03
Pump Tank: 4000 Gallons; PT 17 Date 2-14-03
Pump Make: Myers Model MWS9-91P Serial No. E-11-03
Nitrification Field: No Fields 1 Square Feet Raw 1600' Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth ____

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump, 25% Reduction
Repair System Description: Pump, LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

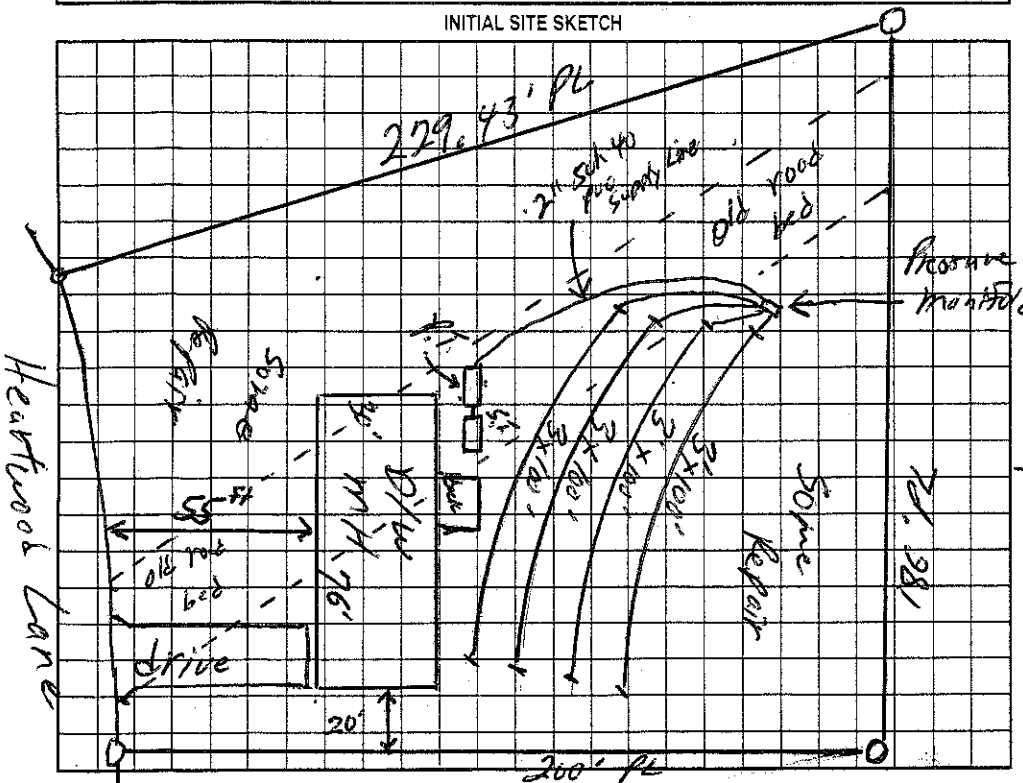
Water Supply: ☐ Individual ☒ Public ☐ Community

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

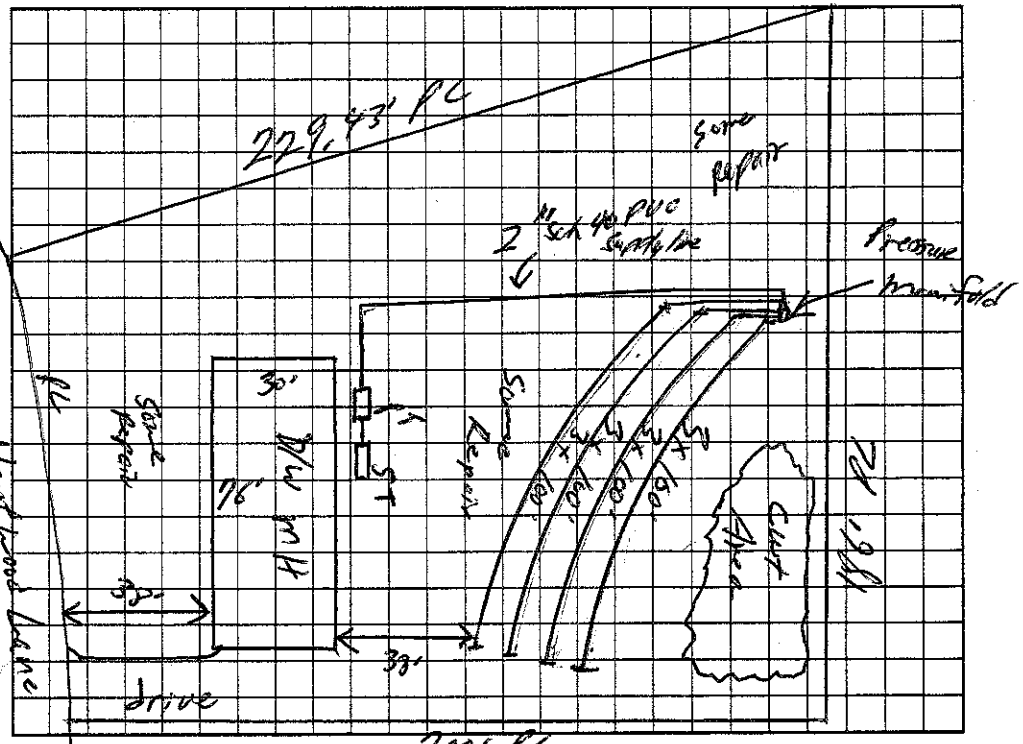
Comments:/Conditions: ① Install liner on Contour ② Call Health Dept for flagging system + pump requirement before Septic System installation.

Comments:/Conditions: Tuff-Tite-Siphon Installed
- Lines checked okay, Pressure check okay
- 400 Ft E-Z-Lay Installed
- Electrical + Alarm Okay

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 7-17-03 Installed by: Craig Thompson (8-27-03)

Improvement Permit by: William O. Johnson date 7/17/03 Operation Permit by: William O. Johnson date 10/8/03

Authorization to Construct by: William O. Johnson date 7/17/03 Existing System Inspection by: _____ date _____

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