IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4706-71-3992 619502 DATE 6-22-05

OWNER OR CONTRACTOR WARREN MUSICK PHONE: Business (828) 217-8146 Home (704) 878-9103

ADDRESS 126 OAK HILL LANE STATESVILLE NC 28625

LOCATION I-40W TR HWY 90 TR OAK HILL LN. 1ST HOUSE ON RIGHT

SUBDIVISION ~~OAK HILL ESTATES~~ BLOCK / SECTION ____ LOT ~~84~~ LOT AREA 1.30 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines FOUR (4) 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: ____

Repair System Description: GRAVITY 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

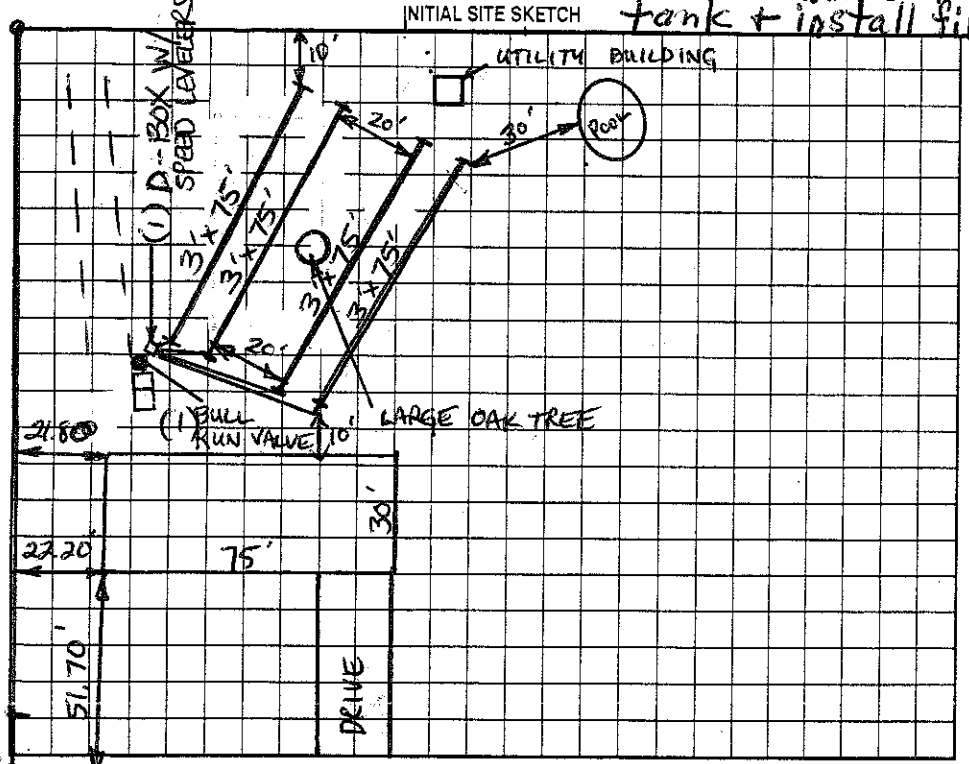
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

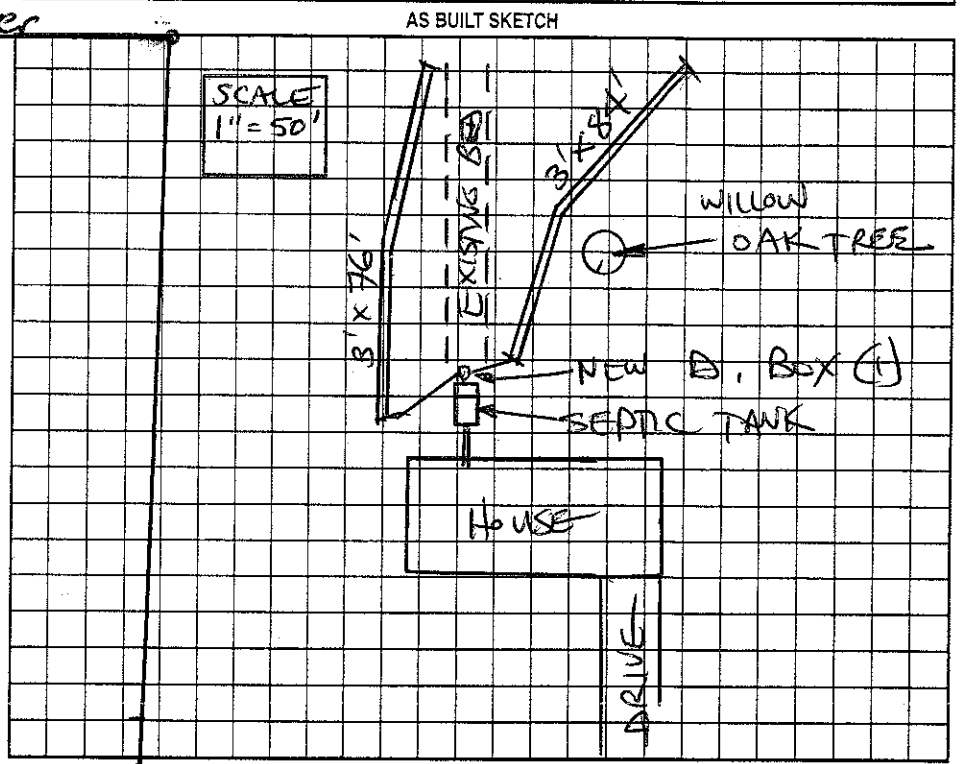
Comments:/Conditions: (1) INSTALL LINES TO NEAR CONTOUR (2) USE DISTRIBUTION BOX W/ SPEED LEVELERS W/ 4, 3x75' LINES (3) INSTALL (1) BULL RUN VALVE TO SWITCH OFF OLD SYSTEM (4) MAINTAIN ALL SETBACKS - Pumpout tank + install filter

Comments:/Conditions: SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL USING 40 "QUICK 4" INFILTRATOR CHAMBERS

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: Warren Musick date 6-22-05 Installed by: JAMES HUBER

Improvement Permit by: Christopher M. Sherrill RS, CSS date 6-22-05 Operation Permit by: STEVE HERRICK date 2-10-06

Authorization to Construct by: Christopher M. Sherrill RS, CSS date 6-22-05 Existing System Inspection by: ____ date ____

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