Sterling Oaks

(C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14526 4 PIN# 4706-86-7333 DATE 9 October 07

OWNER OR APPLICANT Built Rite Construction PHONE: Business 704-201-9935 Home 704-876-1955

ADDRESS 295 Treebark Rd Statesville, N.C.

LOCATION Scotts Creek Rd 4 mi S TR Emma Lane - Lot on end on left

SUBDIVISION ~~Emma Lane~~ BLOCK / SECTION ____ LOT 13 LOT AREA 1 Acre SITE CLASS. 5 DESIGN FLOW 360 gpd L.T.A.R. .33 gpd/ft²

Septic Tank: 1000 Gallons: STB Shaw STB760 Date 11-18-07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth ____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions: follow contour

Comments:/Conditions: Fill installed.

INITIAL SITE SKETCH

Please see Attached Layout

AS BUILT SKETCH

Installed as drawn on layout. Full-cap to end-cap distribution.

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: Lori Mayon date 10/9/07

Improvement Permit by: L. Mayon, R.S. date 9 Oct 07

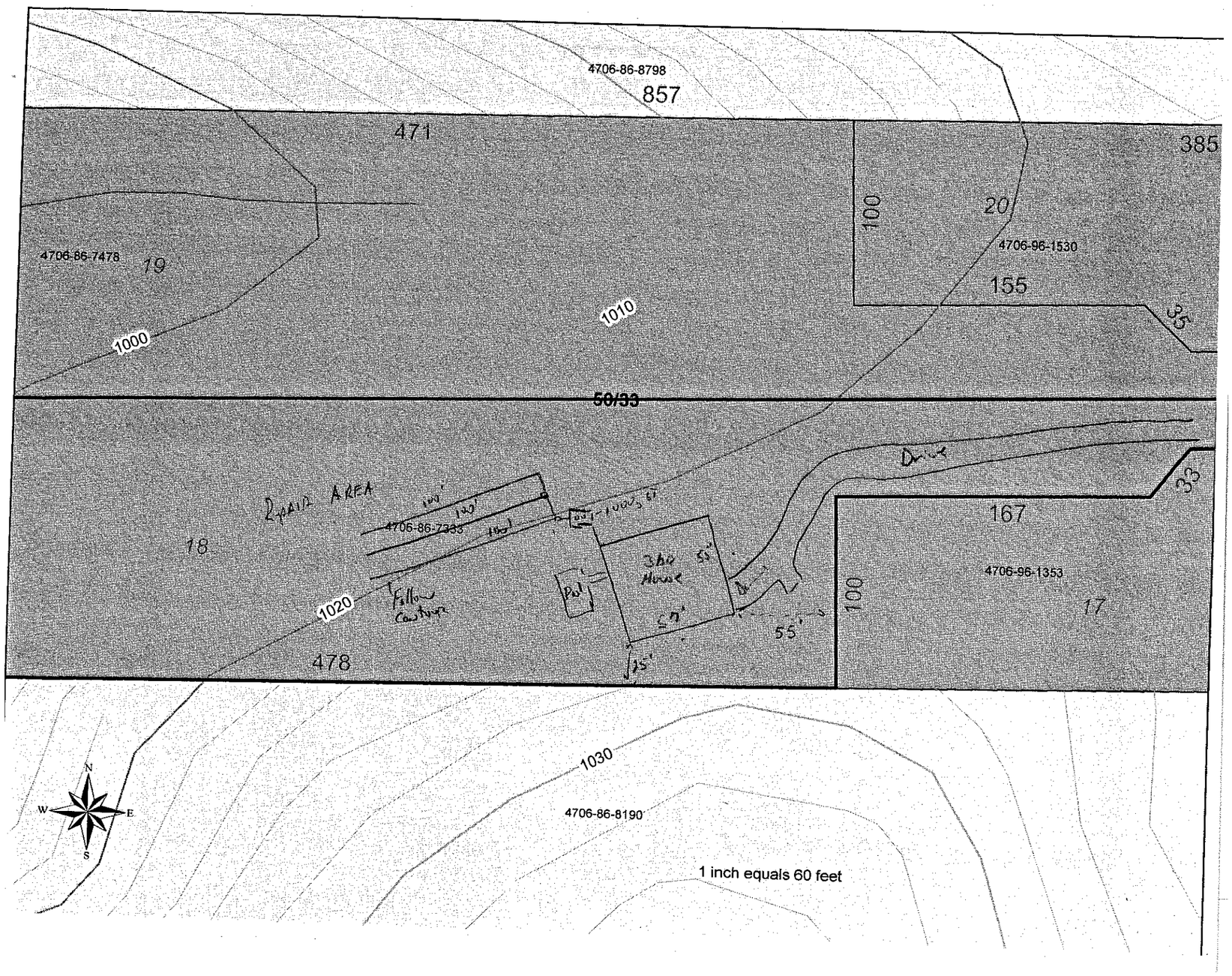
Authorization to Construct by: L. Mayon, R.S. date 9 Oct 07

Installed by: Shawn Madison

Operation Permit by: L. Mayon, R.S. date 2-12-08

Existing System Inspection by: ____ date ____

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


4706-86-8798
857
471
385
100
20
4706-86-7478
19
4706-96-1530
155
35
1010
1000
50/33
Drive
33
2 car Area
100'
120'
100'
4706-86-7383
18
1020
Fallow Cultivation
Pool
3 Bdr House
55'
27'
55'
25'
167
4706-96-1353
100
17
478
1030
4706-86-8190
N
W
E
S
1 inch equals 60 feet