IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149644 PIN# 4706-96-1353 DATE 7 May 08

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

ADDRESS 295 Treebank Rd. Statesville, N.C.

LOCATION Scotts Creek Rd Turn onto Emma Lane - on left at end

SUBDIVISION Sterling Oaks BLOCK / SECTION LOT 17 LOT AREA SITE CLASS. DS DESIGN FLOW 360 gpd L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 g Gallons; STB 760 Date 5-12-08

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Reduction System

Repair System Description: 25% Reduction System.

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth ☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: * House location moved back 50' more than originally indicated in the field (141').

Follow contour / Respect setback requirements.

Comments:/Conditions:

INITIAL SITE SKETCH

Please see attached layout.

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 5-7-08

Improvement Permit by: , R.S. date 7 May 08

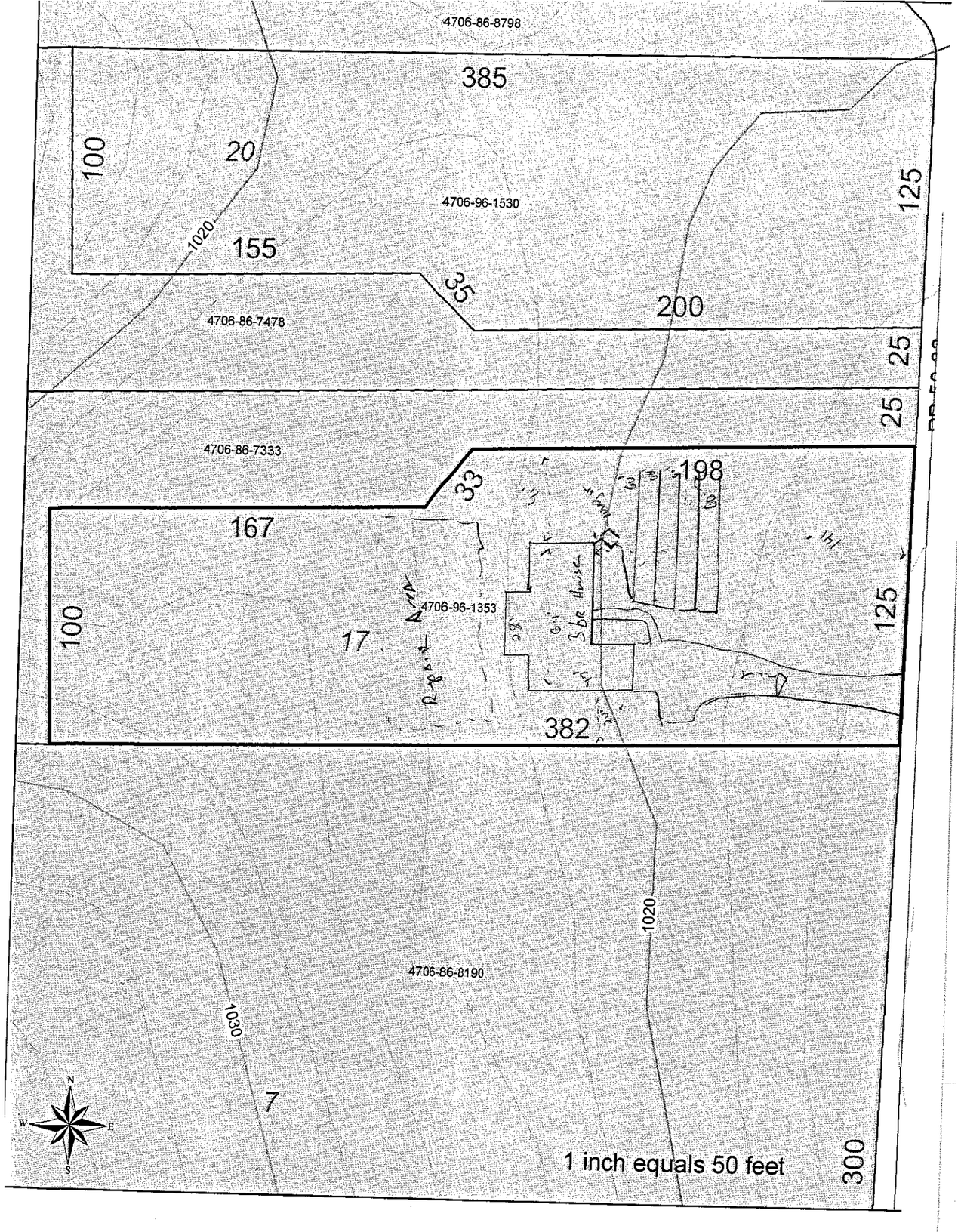
Authorization to Construct by: , R.S. date 7 May 08

Installed by: Randy Madison

Operation Permit by: , R.S. date 23 Sept. 08

Existing System Inspection by: date

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


4706-86-8798
385
100
20
4706-96-1530
125
1020
155
35
200
4706-86-7478
25
25
4706-86-7333
33
198
167
4706-96-1353
100
17
125
382
1020
4706-86-8190
1030
7
300
1 inch equals 50 feet
N
W
E
S