IREDELL COUNTY HEALTH DEPARTMENT

If This permit voids Previously issued permit dated 1/22/01.

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

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

PERMIT# ~~08-42-88~~ 116614 PIN# 4713-63-~~3448(FT)~~ 6174 DATE 10/17/03

OWNER OR ~~CONTRACTOR~~ Joshua Teague PHONE: Business (828)312-0373 Home —

ADDRESS 209 Studebaker LN Taylorsville, N.C. 28681

LOCATION Hwy 70 E, (L) Old Mtn Rd, (L) Angel Oaks Dr. on left

SUBDIVISION Angel Oaks BLOCK / SECTION — / LOT 6 LOT AREA .58Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons; STB 1007 Date 11-6-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model Equity Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240
No Lines 6 @ 40 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 50% Reduction
Repair System Description: Pump/gravity, 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

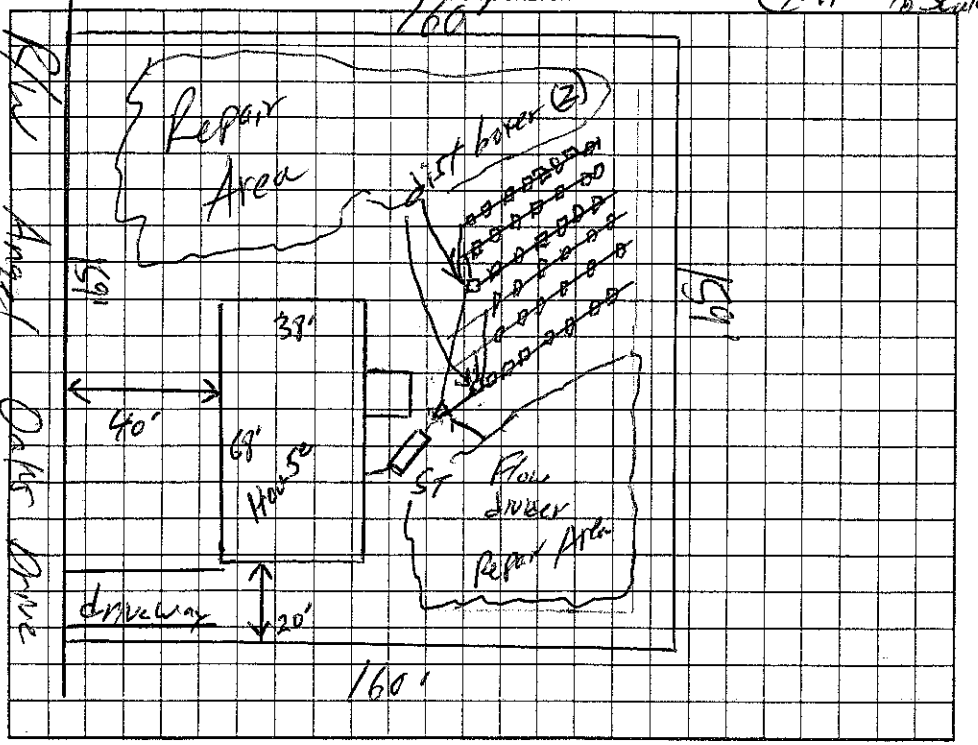
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ~~(1)~~ (2) Install 54 Panels (9 per Lat) with one Flow Divide + two Distribution Boxes. (2) Install Laterals @ 36" trench bottom depth.

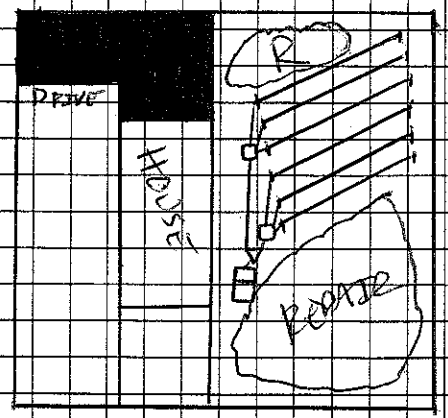
Comments:/Conditions: TUFF TITE FILTER + MANIFOLD

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH

HOUSE CHANGED WITHOUT HD APPROVAL. REPAIR AREA IS STILL ENOUGH SPACE FOR A LP PAVER AS DRAWN BELOW. DIST BOX SET WITH SPEED LEVELERS



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 10/17/03 Installed by: DEREK BARNES

Improvement Permit by: _____ date 10/17/03 Operation Permit by: _____ date 3-8-04

Authorization to Construct by: _____ date 10/17/03 Existing System Inspection by: _____ date _____

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