IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (a) MOORESVILLE 704-664-5281 (C1)

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

PERMIT# 123713 PIN# 4715-07-1944 DATE 9-27-04

OWNER OR CONTRACTOR TERRY O'BRIAN PHONE: Business 704-876-8600 Home 704-902-4310

ADDRESS 310 TREEBARK ROAD, STATESVILLE, NC 28625

LOCATION NC90 WEST, TL VILLAGE POINT DRIVE, 5TH LOT ON LEFT

SUBDIVISION VILLAGE POINT BLOCK / SECTION ____ LOT 1 LOT AREA 0.73 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1000 Gallons; STB 260 Date 7-16-11

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 50%-T 1440 Linear Feet 240

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 24"

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

System Description: 50% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION LOW-

Maintenance Agreement Required: ☐ Yes ☑ No PRESSURE

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

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

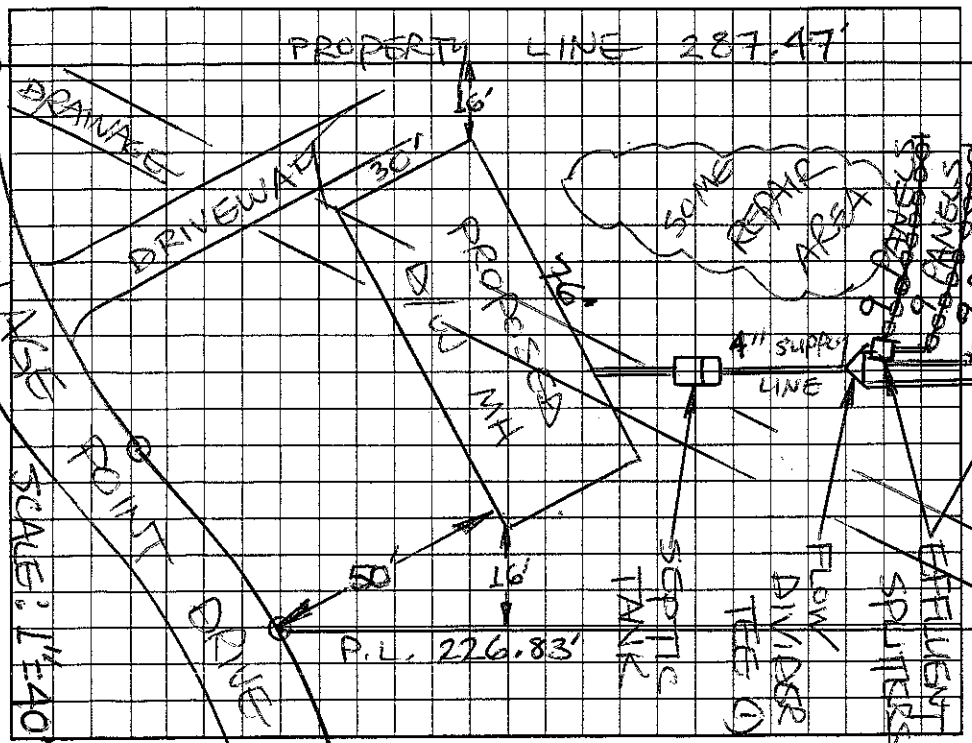
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: (1) INSTALL 50% REDUCTION SYSTEM ON CONTOUR AS SHOWN USING 54 PPBPS PANELS (2) USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO (2) EFFLUENT SPLITTERS (SUCH AS ZOELLER "TRY-FLO")

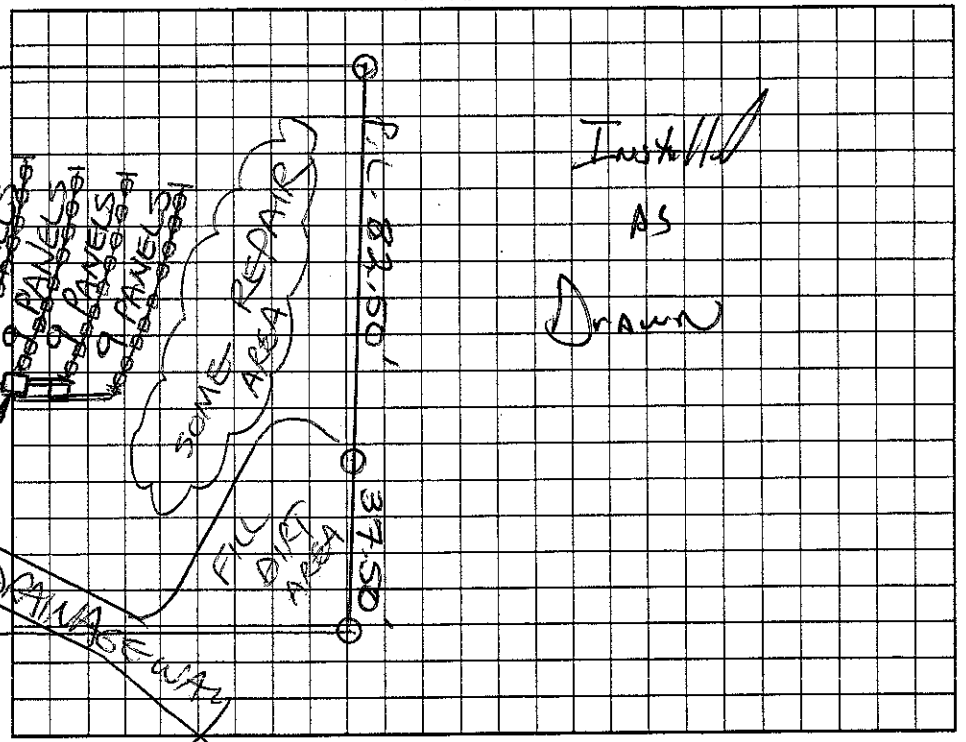
Comments/Conditions: Polylock Fill

ST has marker

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 ____

Improvement Permit by: STEVE HEDRICK date 9-27-04

Authorization to Construct by: STEVE HEDRICK date 10/11/10

10-12-10

Installed by: Tim Abee

Operation Permit by: ____ RS date 5 JAN. 12

Existing System Inspection by: ____ date ____

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