IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 09159 PIN# 4705988127 (pt.) DATE October 9, 2000

OWNER OR CONTRACTOR Allied Partners PHONE: Business 871-1536 Home

ADDRESS 310 Treebark Rd. Statesville

LOCATION 90 West TL just past Griffin HVAC onto Village Pt. Drive 2nd Lot on Right

SUBDIVISION Village Point BLOCK / SECTION LOT 29 LOT AREA .574 AC. SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 1017 Date 8-21-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 2 Square Feet 1440 Linear Feet 480
No Lines 3+3 Trench Width 36" Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Grav./pumped Innovative
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

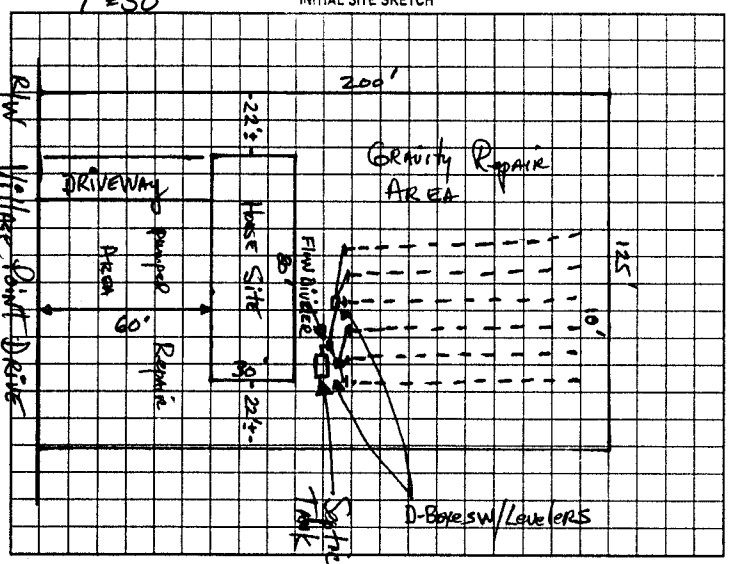
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

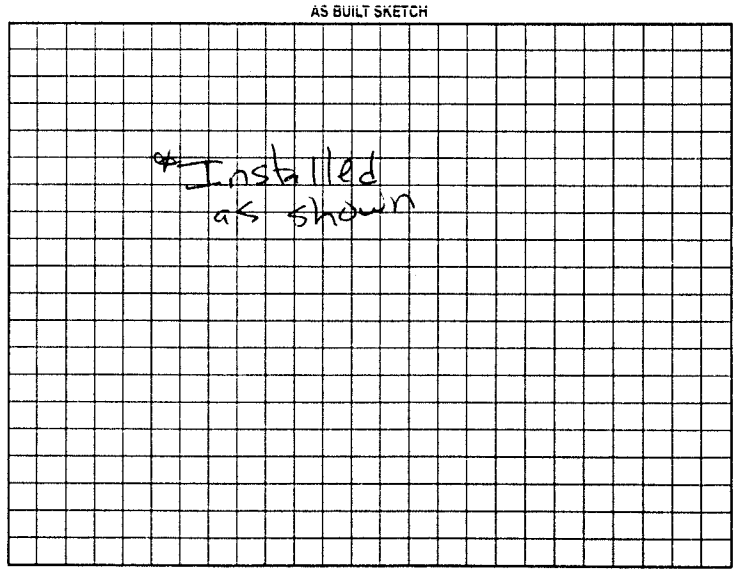
Comments/Conditions: Install Laterals as close as possible to 36" trench bottom depth.

Comments/Conditions: House Dim. 60x27 # Tank at end of House

1"=50' 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:

Improvement Permit by: Mark Bowman PS date 10-9-00

Authorization to Construct by: Mark Cox RS date 10-17-00

Installed by: A-1 Backhoe

Operation Permit by: Mark Cox RS date 10-17-00

Existing System Inspection by: date

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