LL COUNTY HEALTH DEPARTMENT

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

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

0944697128817 PIN# 4728024834 4718939752 DATE 5/3/01

JR CONTRACTOR Crockett O'Brien Eual and Amy Toler PHONE: Business (704) 871-1536 Home —

S 310 Treebark Road Statesville N.C. 28625

ON 115 N @ Rough Church Rd @ Treebark @ on Hidden River

VISION Hidden River BLOCK / SECTION — LOT 3 LOT AREA 4.61 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

ic Tank: 1000 Gallons; STB 1012-7000 Date 4-26-05

mp Tank: _____ Gallons; PT _____ Date _____

ump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines 4 @ Trench Width 36" Max 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: Gravity, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

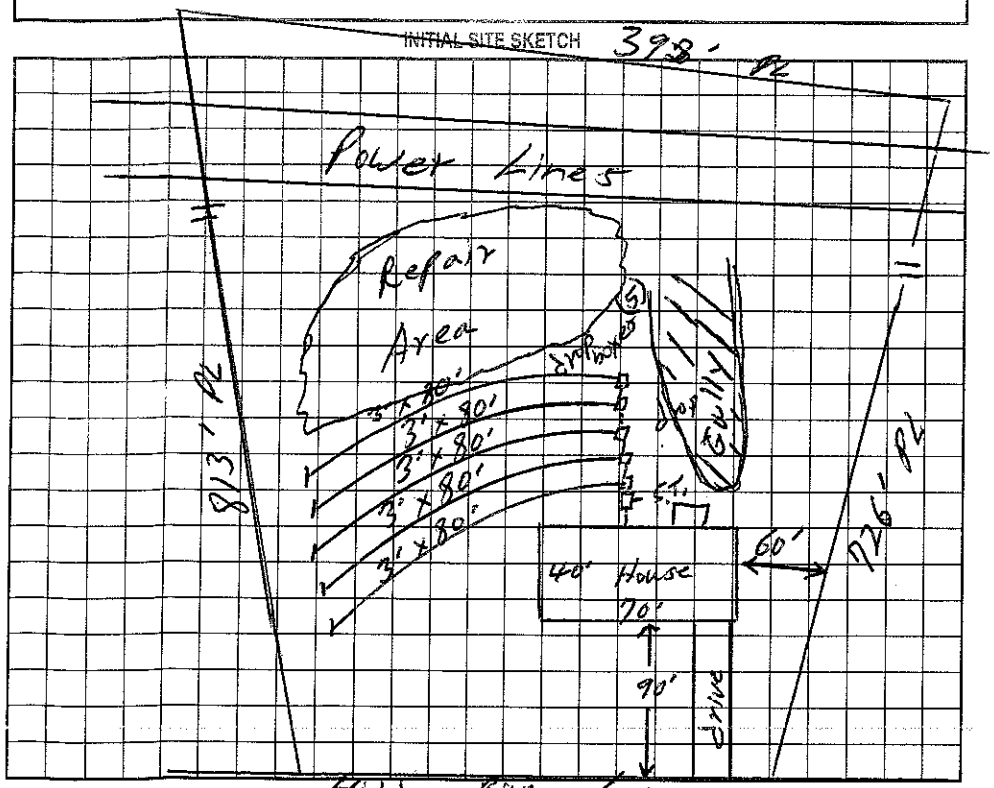
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

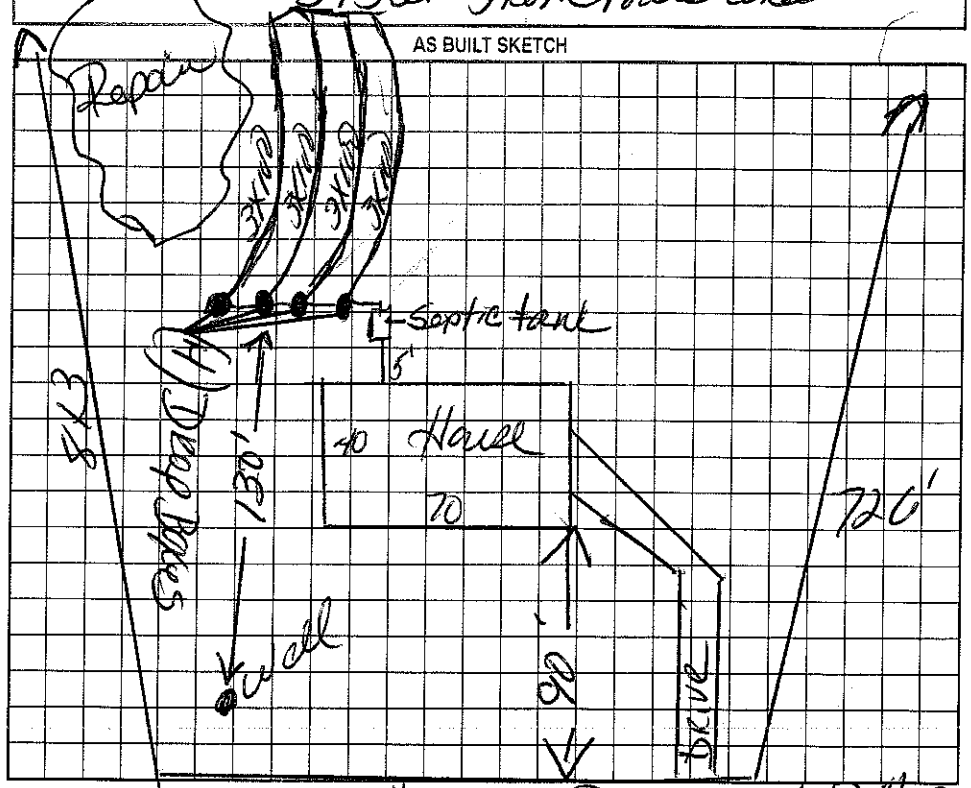
Comments/Conditions: (1) Install lines on contour (2) Keep well 100' from system

Comments/Conditions: Yellow tuff tite filter installed by septic tank maker installed 59 feet from pump house

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 5-11-01 Installed by: A-1 Backhoe

Improvement Permit by: William O. Johnson RSI date 5/3/01 Operation Permit by: Kelly Cook date 8-2-05

Authorization to Construct by: William O. Johnson RSI date 5/3/01 Existing System Inspection by: _____ date _____

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