#11431 2

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# City of Statesville PIN# 4725-64-2526 ~~4725-64-2526~~ DATE 6/9/03

OWNER OR CONTRACTOR Crandell + O'Brien PHONE: Business (704) ~~876-8600~~ Home —

ADDRESS 310 Treeborn Rd Statesville NC. 28625

LOCATION Hwy 115 N @ old Lillesboro Rd @ Montecello Drive @ Miller Farm Rd, corner lot on Right

SUBDIVISION Sunny Dale BLOCK / SECTION — LOT 1 LOT AREA .45 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft2

Septic Tank: 4000 Gallons; STB 1007 Date 8-5-03
Pump Tank: 4000 Gallons; PT 214 Date 8-7-03
Pump Make: Zoeller Model N266 50 Serial No. — 06-02
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 360
No Lines 30 / 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump, 25% Reduction
Repair System Description: Pump, 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

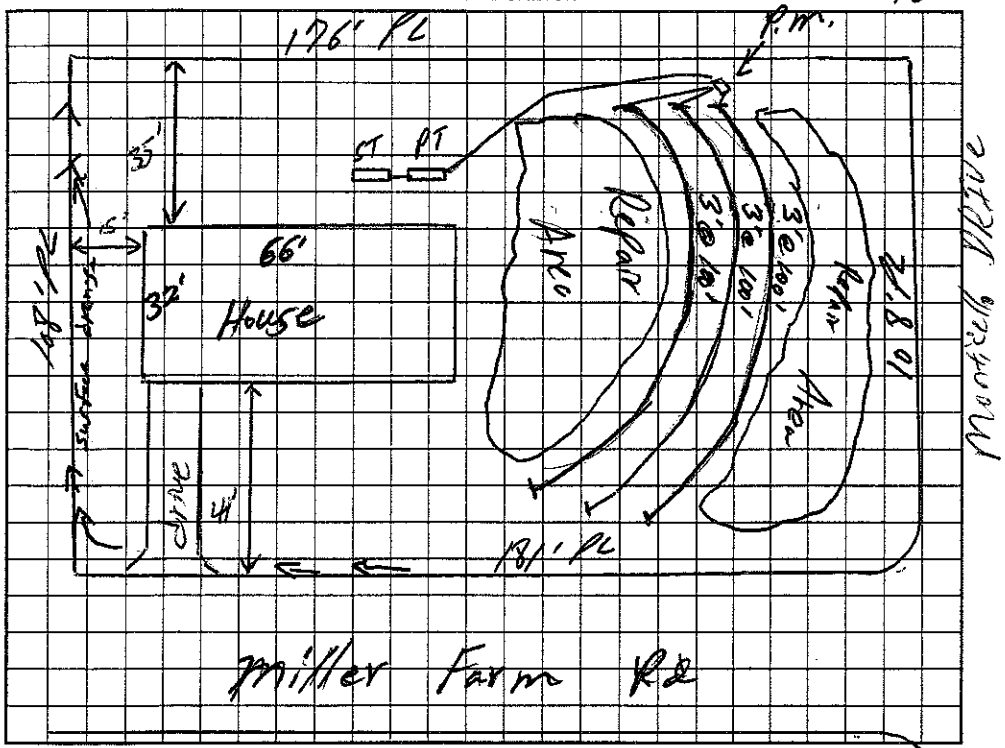
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other ___
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions: ① Re route drainage to edge of property
② Install liner on contour

Comments:/Conditions: Pump/tank ~~Riser~~ filter + ST marker Installed - 9/22
Checked lines okay - 9/25/03
Transfer check Okay 9/26/03 ; Alarm, Float free + Electrical Okay 9/29/03

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH

Installed As Shown Per Initial Site 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: [signature] date 6-10-03 Installed by: Bill Greene (9/25/03)

Improvement Permit by: William O. Johnson date 6/9/03 Operation Permit by: William O. Johnson date 9/29/03

Authorization to Construct by: William O. Johnson date 6/9/03 Existing System Inspection by: ___ date ___

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