IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122463 PIN# 4925-78-0319.000 (68363) DATE 8/12/04

OWNER OR CONTRACTOR O'Byrne Builders PHONE: Business (704) 876-8600 Home

ADDRESS 370 Nee Bark Rd Statesville N.C. 28625

LOCATION Hwy 16 N (2) Eatons Creek Rd (2) Miller Farm Rd, 1/5 mile on left

SUBDIVISION Dove Meadows BLOCK / SECTION LOT 5 LOT AREA .521 Ac. SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .30 app. rate

Septic Tank: 4000 Gallons; STB 1007 Date 2-18-05
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

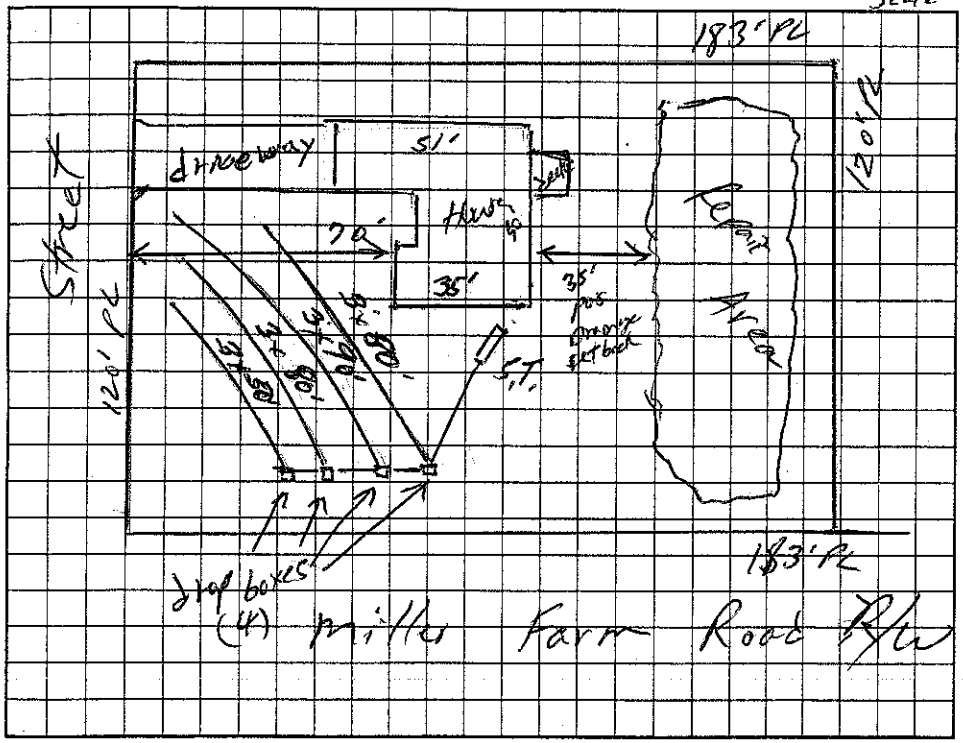
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

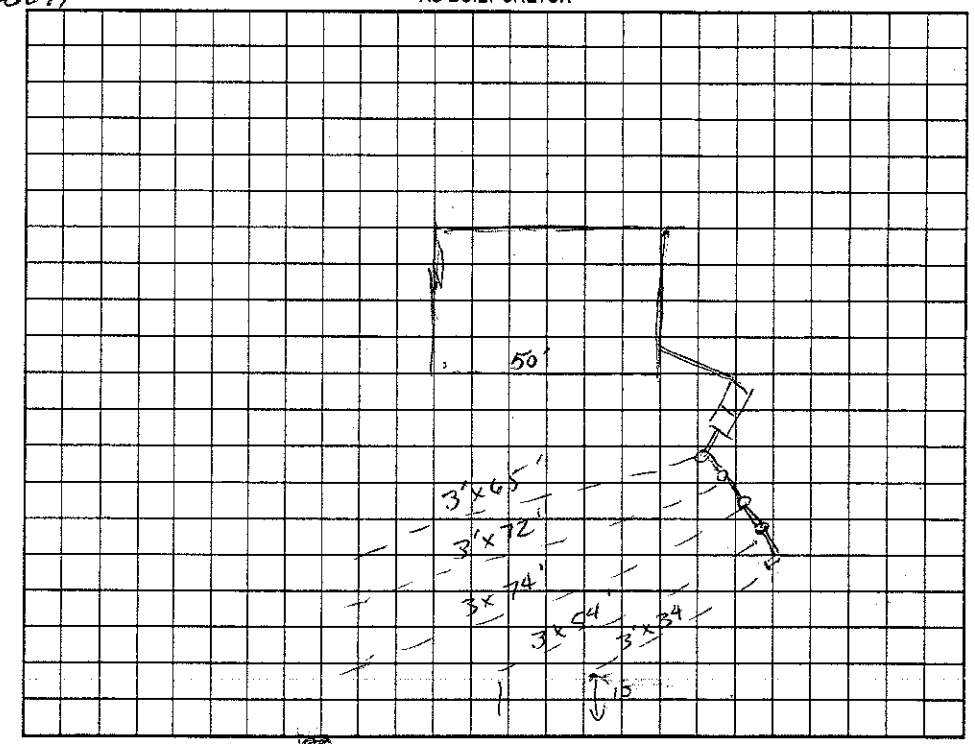
Comments/Conditions: ① Install Mega on Contour ② do Not install when wet

Comments/Conditions: ① 'ZABEL' FILTER IN TANK ② QUICK 4 STD-W #-10

INITIAL SITE SKETCH Scale 1" = 50 Ft



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: William O'Byrne date 8/12/04

Authorization to Construct by: William O'Byrne date 8/12/04

Installed by: KENNY MADISON

Operation Permit by: Christopher M. Sherrill #5,058 date 4-5-05

Existing System Inspection by: date

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