IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130 C+ MOORESVILLE 704-664-5281 704-872-3443

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

PERMIT# 12462 PIN# 4725 68 3396 4725684487 DATE 2/25/05

OWNER OR CONTRACTOR O'BRIEN BUILDERS PHONE: Business _____ Home _____

ADDRESS 310 TREE BARK STATESVILLE, NC 28625

LOCATION 115(N) - TL SCOTTS CREEK - TL MILLER FARM - TL DOVE MEADOW - ON LT CORNER

SUBDIVISION DOVE MEADOWS BLOCK / SECTION 1 LOT 4 LOT AREA 1.046AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 360GPD

Septic Tank: 1000 Gallons; STB 825 Date 6-2-05
Pump Tank: 1000 Gallons; PT 302 Date 6-23-05
Pump Make: ZOELLER Model 152 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 @ 60' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 25% REDUCTION
Repair System Description: CPP
Maintenance Agreement Required: ☐ Yes ☒ No

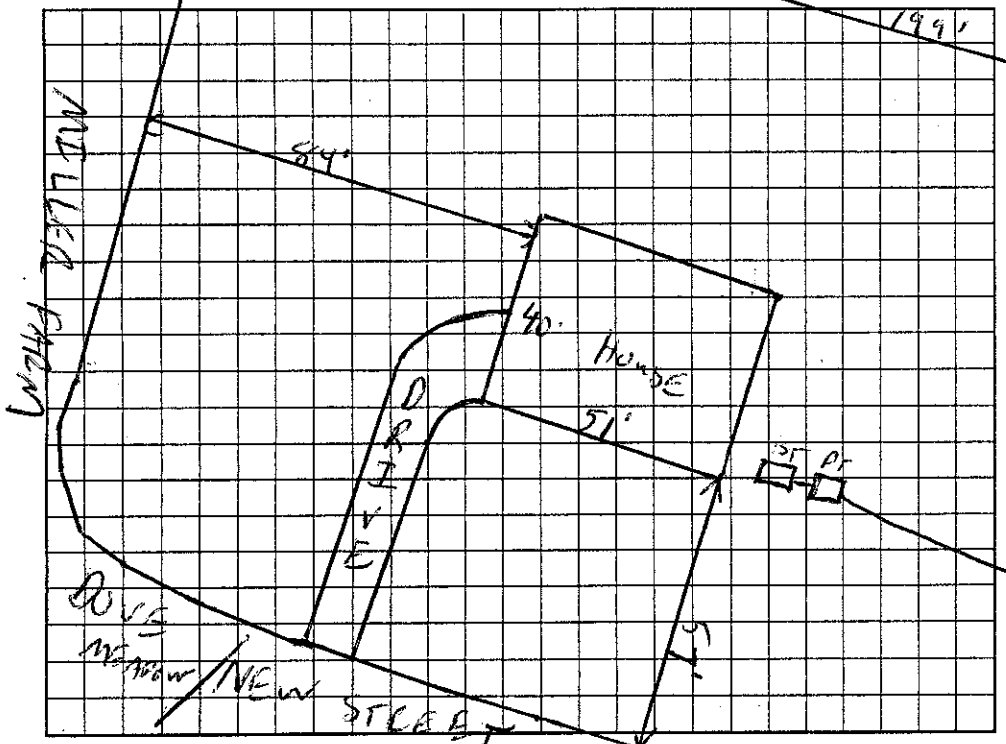
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

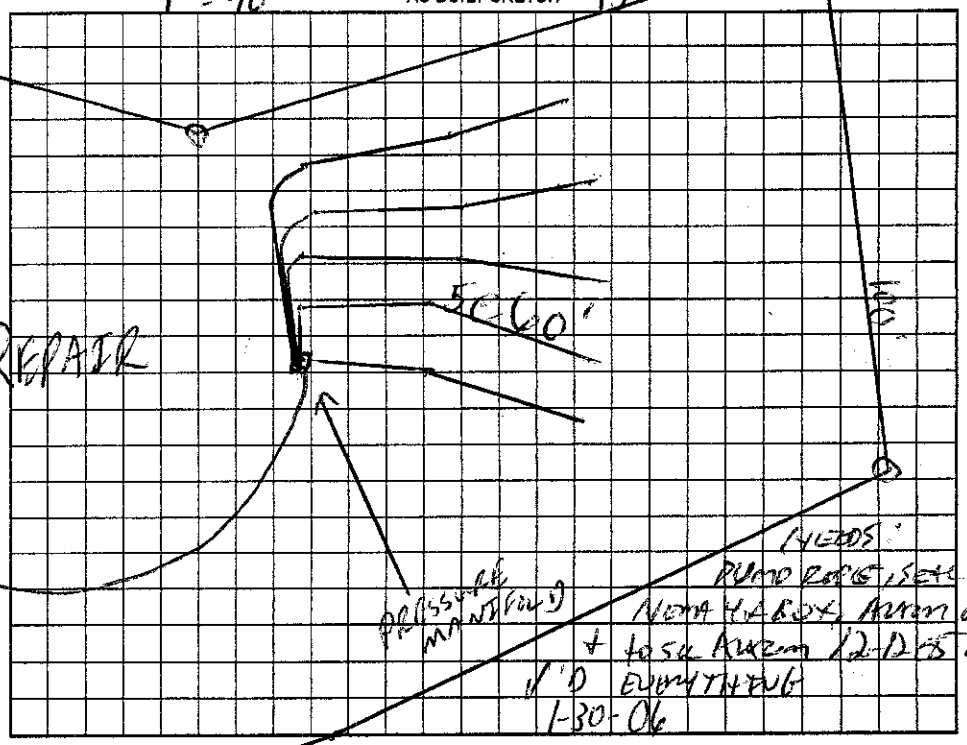
Comments:/Conditions:

Comments:/Conditions: POLYLOK FILTER & MARKER
BUILDER SHOWED ME P/L. SYSTEM IS 10' OFF W HOUSE SHOWN. LC V'D LINES & TANKS, 9-8-05
V'D PRESSURE LC 9-8-05

INITIAL SITE SKETCH



AS BUILT SKETCH 1" = 40'



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 _____ Installed by: DALUY MADISON

Improvement Permit by: _____ date 2/25/05 Operation Permit by: _____ date 1-30-06

Authorization to Construct by: _____ date 2/25/05 Existing System Inspection by: _____ date _____

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