IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permit dated 11/15/04.

STATESVILLE 704-878-5305 (X) (I) MOORESVILLE 704-664-5281

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

PERMIT# 122459 PIN# 4725-68-~~4601~~ 4680 DATE 11/29/04

OWNER OR CONTRACTOR O'Brien Building PHONE: Business (704) 876-8600 Home

ADDRESS 310 Tree Bark Rd Statesville, N.C.

LOCATION Hwy 115 N. to Scotts Creek Rd to on Miller Farm on Left

SUBDIVISION Dove Meadows BLOCK / SECTION 1 LOT 2 LOT AREA .729 Ac SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1007 Date 3-17-05
Pump Tank: 1,000 Gallons; PT 274 Date 12-28-04
Pump Make: ZOELLER Model BN 98-B Serial No. 98-005
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 7 Trench Width 36" Max Trench Bottom Depth (28") Gravel Depth N/A

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

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

Water Supply: ☐ Individual ☒ Public ☐ Community

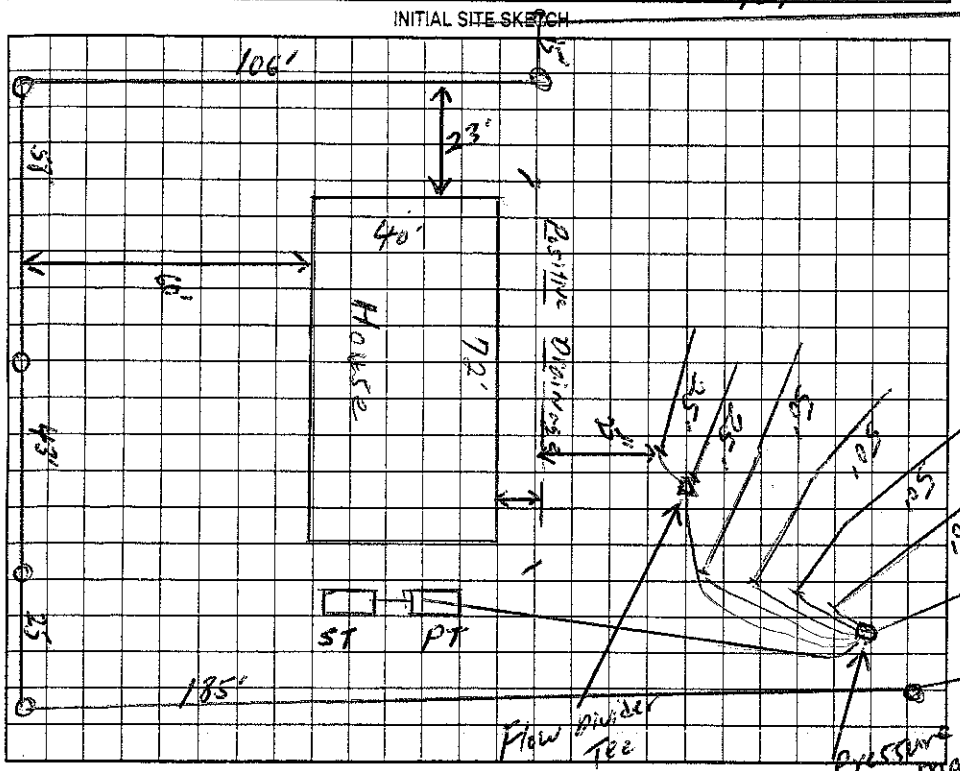
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

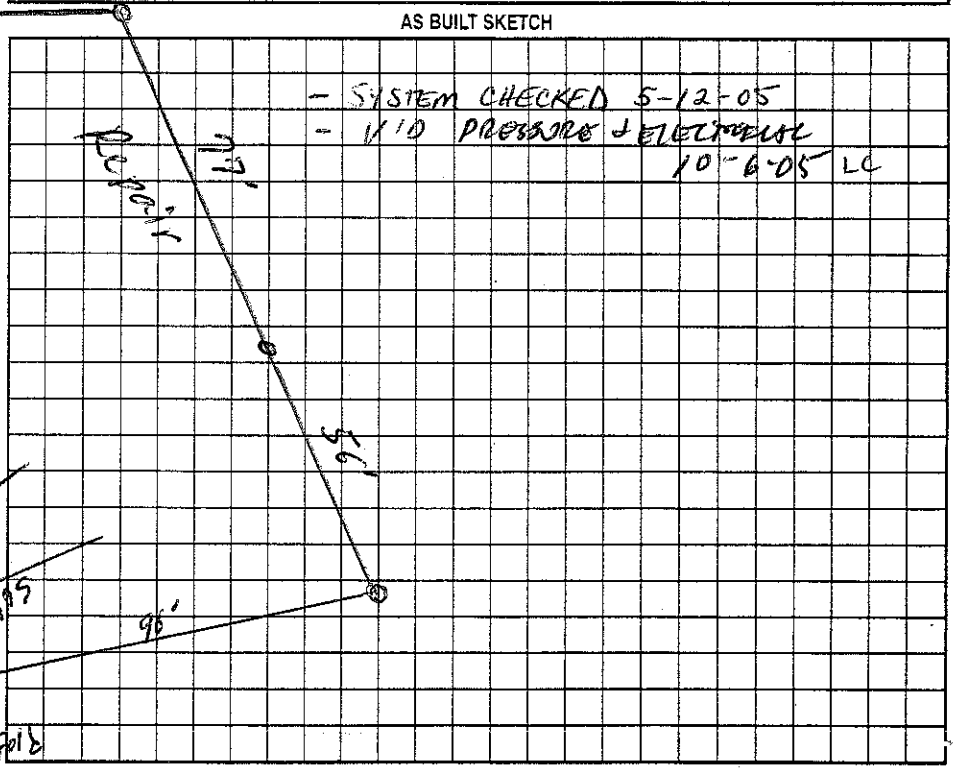
1" = 40'

Comments:/Conditions: (1) ZABEL FILTER (2) SYSTEM INSTALLED USING 'QUICK 4' CHAMBER STD-W H-10

INITIAL SITE SKETCH



AS BUILT SKETCH



Miller Farm Road

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 12-29-04 Installed by: KENNY MADISON

Improvement Permit by: William O. Johnson date 11/29/04 Operation Permit by: _____ date 10-6-05

Authorization to Construct by: William O. Johnson date 11/29/04 Existing System Inspection by: _____ date _____

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