* Replaces Permit issued 4/21/05

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125500 PIN# 4725-78-0467.009 68 8298 DATE 29 June 07

OWNER OR APPLICANT [redacted] O'Brian Builders PHONE: Business 704-902-7310 Home 704-876-8600

ADDRESS 310 Treebark Rd. Statesville, N.C.

LOCATION Mile Farm W. Turn into Dove Meadows. 5th Lot on Rt.

SUBDIVISION Dove Meadows BLOCK / SECTION 2 LOT 9 LOT AREA 0.735 Ac. SITE CLASS Ps DESIGN FLOW 480gd L.T.A.R. 0.32/772/d

Septic Tank: 1000 Gallons; STB Shaw STB1760 Date 6-25-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduct. - Pressure

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Newer setbacks

Comments:/Conditions: Filter installed

INITIAL SITE SKETCH

Please see Attached Site Plan

AS BUILT SKETCH

Installed As Drawn

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: _____, R.S. date 29 June 07

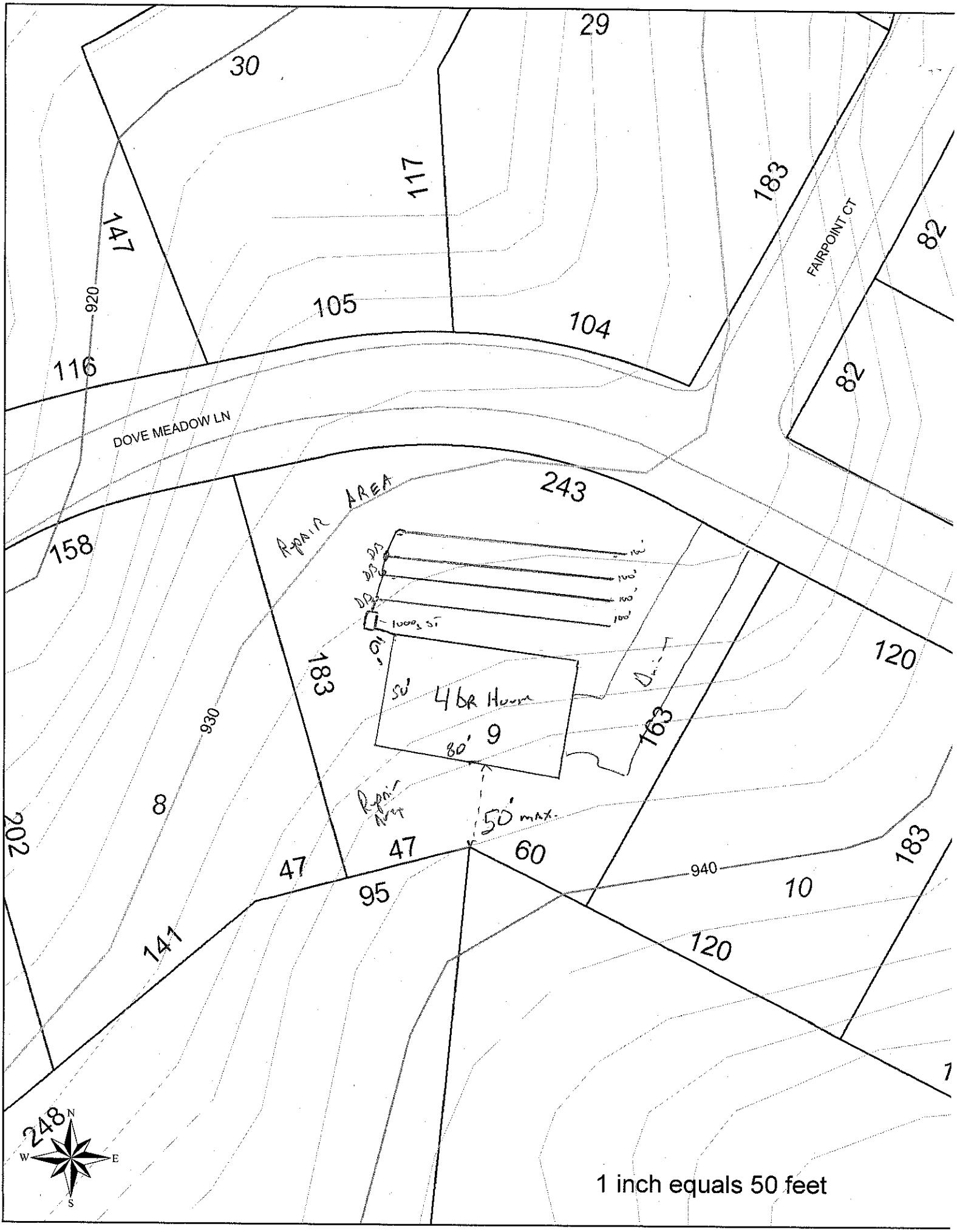
Authorization to Construct by: _____, R.S. date 16 July 07

Installed by: Daryl Madison

Operation Permit by: _____, R.S. date 4 Oct. 07

Existing System Inspection by: _____ date _____

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


29
30
117
183
147
920
105
104
116
DOVE MEADOW LN
FAIRPOINT CT
82
82
243
REPAIR AREA
158
DS
DS
DS
100'
100'
100'
100'
1000 SF
50'
4 BR House
80' 9
183
120
930
163
8
202
Repair Area
50' max.
47
47
60
95
940
10
183
141
120
248
N
W
E
S
1 inch equals 50 feet