IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105571 PIN# 4735-~~48 00 67~~ 688515 DATE 10-24-05

OWNER OR CONTRACTOR BUILT RITE PHONE: Business 704-876-1955 Home 704-201-9935

ADDRESS 295 TREEBARK RD Statesville NC 28625

LOCATION 115 N (L) SLOTTS CREEK (L) MILE FARM (L) DOVE MEADOW 3RD LOT ON LEFT

SUBDIVISION DOVE MEADOWS BLOCK / SECTION 1 LOT 30 LOT AREA .58 AC SITE CLASS. B DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 625 Date 7-2-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600+1200' Linear Feet 360'
No Lines 3 Trench Width 36" Max Trench Bottom Depth ~~24~~ 18" Gravel Depth ~~12~~ N/A

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: GRAV 1540 REDUCT
Repair System Description: LP 50% REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

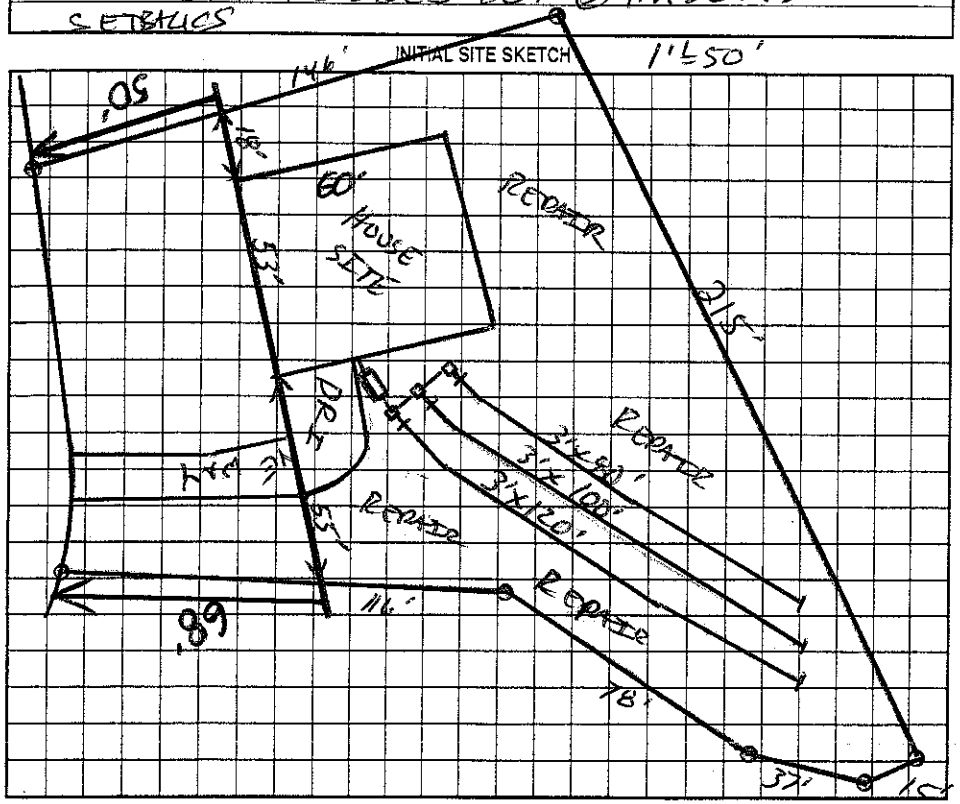
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) KEEP STUBOUT AT NATURAL GRADE SO 18" TB CAN BE ACHIEVED, (2) SYSTEM IS ENTIRELY FLAGGED OUT (3) MAINTAIN SETBACKS

Comments:/Conditions: Polylock Filter

INITIAL SITE SKETCH 1"=50'



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 10-24-05 Installed by: Kenny Madison

Improvement Permit by: _____ date 10-24-05 Operation Permit by: James _____ date 4-6-06

Authorization to Construct by: _____ date 10-24-05 Existing System Inspection by: _____ date _____

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