* This permit replaces permit issued 6-12-06

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12556 7 PIN# 4725-68-9581 & 4725-78-1417 (29A) DATE 27 Oct. 06

OWNER OR APPLICANT O'Brian Building, Inc. PHONE: Business 704-902-4310 Home 704-872-3442

ADDRESS 310 Treebank Rd. Statesville, N.C.

LOCATION Hwy 115N TL Scotts Creek Rd. TL Miller Farm Rd., TL Dogwood TR Fair Point Ct. 1st on left

SUBDIVISION Dove Meadow BLOCK / SECTION 82 LOT 29+29A LOT AREA 0.65 Ac. SITE CLASS. 3B DESIGN FLOW 360 gpd L.T.A.R. 0.36 lpd/sq

Septic Tank: 1000 Gallons; STB 760 Date 12-30-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 18"

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

System Description: 25% Reduction - Keypt

Repair System Description: 25% Reduction - OFF site

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

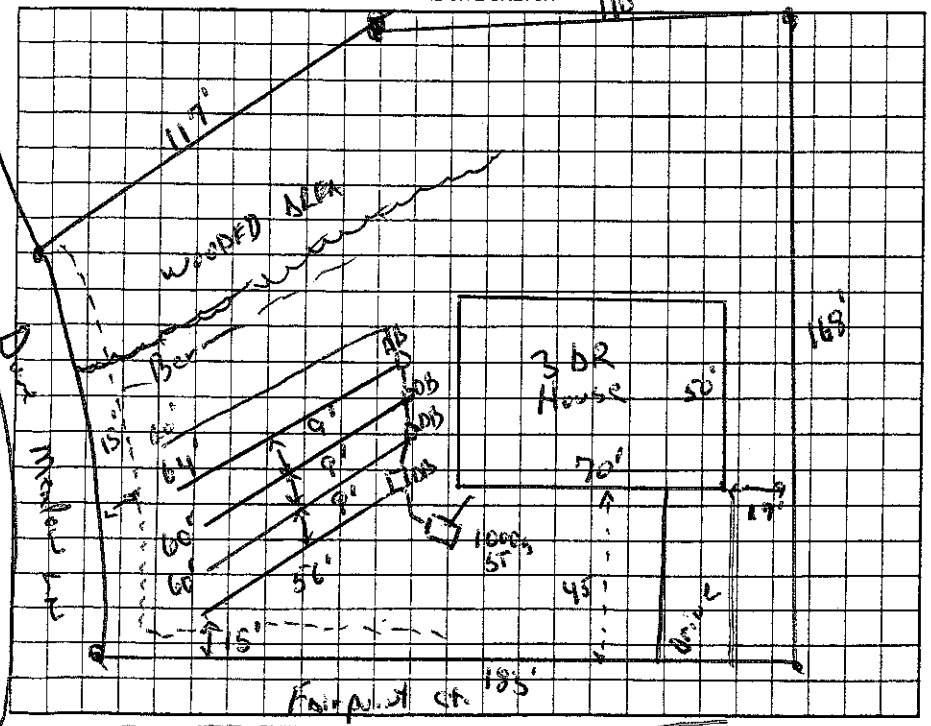
Water Supply: ☐ Individual ☒ Public ☐ Community

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

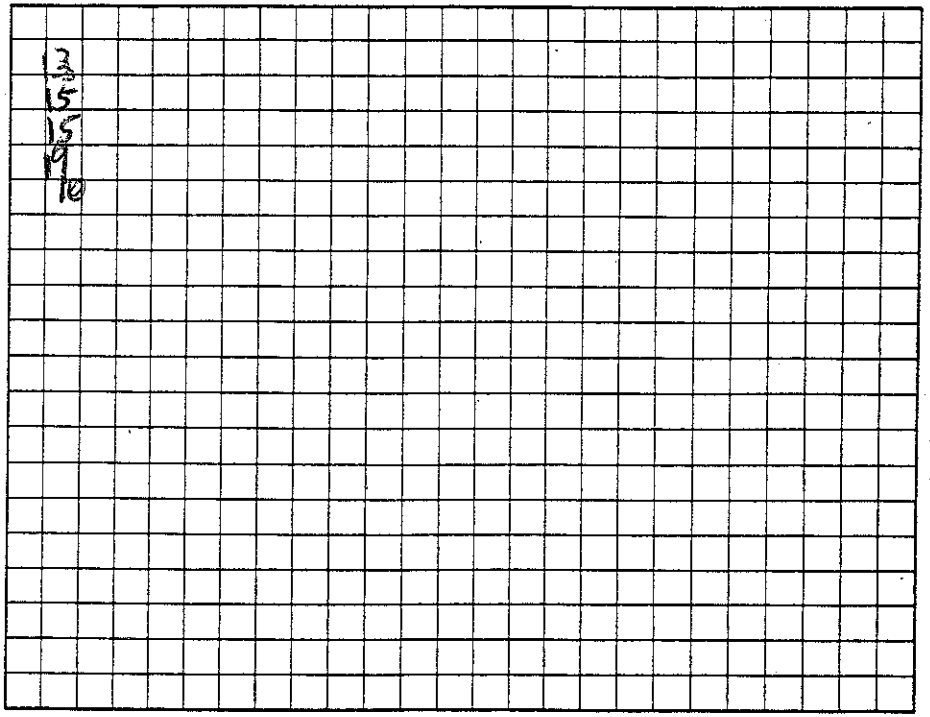
Comments:/Conditions: * Max. trench depth 18" / Keep upslope as far as possible / use 4 DryBoxes / * Repair Area for this lot is to be located on Lot # 29A → Pressure dosed 25% Reduction system

Comments:/Conditions:

INITIAL SITE SKETCH



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 _____ Installed by: Madison Grading

Improvement Permit by: _____, R.S. date 27 Oct 06 Operation Permit by: _____ date 4-18-07

Authorization to Construct by: _____, R.S. date 27 Oct 06 Existing System Inspection by: _____ date _____

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