IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125505 PIN# ~~4725780767004~~ 4725775926 DATE 4/22/05

OWNER OR CONTRACTOR D & S PROPERTY MANAGEMENT PHONE: Business 876-8600 Home

ADDRESS 1805 SAFRIET RD - STATESVILLE NC 28625

LOCATION 115(N) - TL SCOTTS CREEK - TL MILLER FARM - TL DOVE MEADOW - TR BIRD HAVEN - ON LT

SUBDIVISION DOVE MEADOWS BLOCK / SECTION #2 LOT 14 LOT AREA .68Ac SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .3600/Ft²

Septic Tank: 1000 Gallons; STB 760 Date 10-2-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

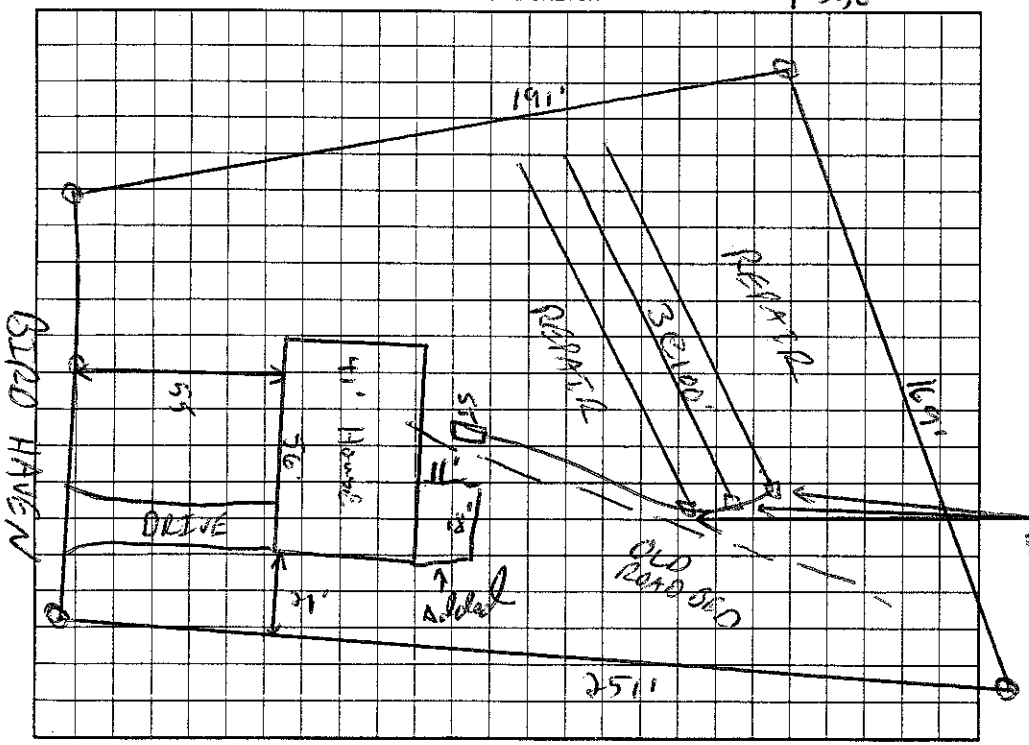
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Public
☐ Community

Comments:/Conditions: offset (rear) to houseplans added 25 Oct. 06.

Comments:/Conditions: Red 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 5-6-05 Installed by: Madison Grading

Improvement Permit by: ____ RS date 4/22/05 Operation Permit by: ____ date 4-2-07

Authorization to Construct by: ____ RS date 26 Oct. 06 Existing System Inspection by: ____ date ____

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