IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25566 PIN# 4723780407 606 DATE 4-17-06

OWNER OR APPLICANT O'Brien Builders PHONE: Business 704-872-3442 Home

ADDRESS 310 Faubel Rd Statesville NC 28625

LOCATION I-77 N Exit 45 Cross Creek TO Hyatt Farm TO Fairpoint Court

SUBDIVISION Dove Meadow BLOCK / SECTION II LOT 28 LOT AREA 1.67 SITE CLASS. B5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 6-12-06

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 14

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

System Description: 2570 Gravity

Repair System Description: 502 Low Pressure

Maintenance Agreement Required: ☐ Yes ☐ No X Repair

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

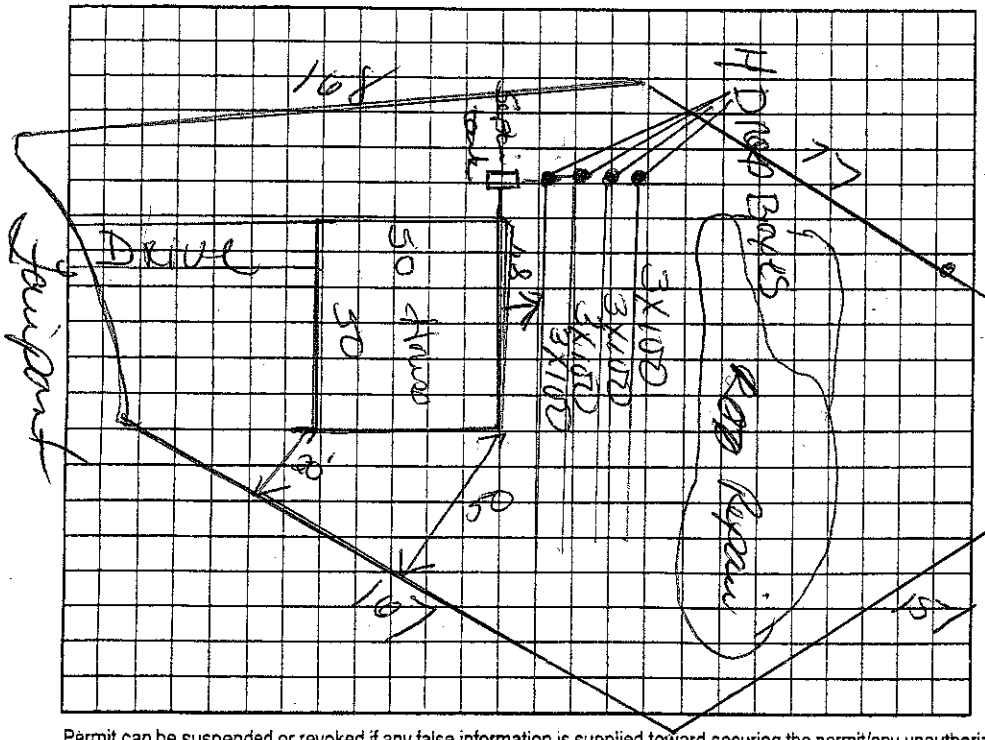
Comments:/Conditions:

Install on Contour
Maintain all setbacks

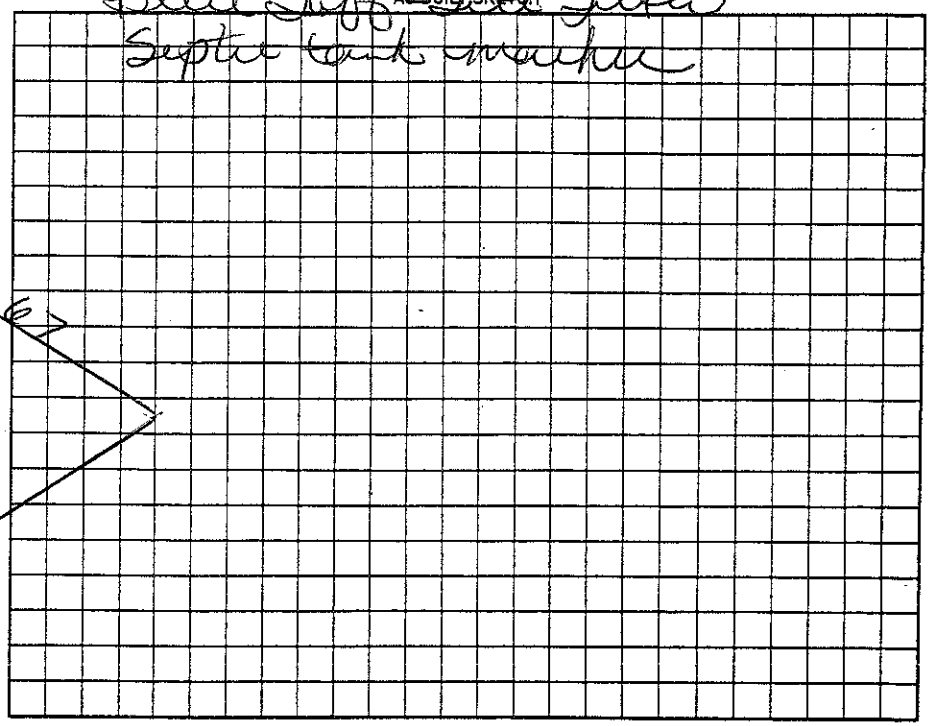
Comments:/Conditions:

Hard pipe foundation drain over septic system
Blue Label Sta-Rite filter
Septic tank marker

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: Tommy Madison date 4-17-06 Installed by: Madison Grading

Improvement Permit by: Kelly Cook date 4-17-06 Operation Permit by: Kelly Cook date 7-28-06

Authorization to Construct by: Kelly Cook date 4-17-06 Existing System Inspection by: ____ date ____

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