(C1) Replaces Permit issued 4/28/05

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12550 2 PIN# ~~4725-98-0469.000~~ 4725781135 DATE 29 June 07

OWNER OR APPLICANT O'Brian Buildings PHONE: Business 704-902-4310 Home 704-876-8600

ADDRESS 310 Treebark Ln. Statesville, N.C.

LOCATION Mill Farm Rd. Turn Dove Meadow Ln. 7th Lot on Rt.

SUBDIVISION Dove Meadow BLOCK / SECTION 2 LOT 11 LOT AREA 0.504 Ac. SITE CLASS. PS DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/Ft²/d

Septic Tank: 1000 g Gallons; STB 760 Square Date 11-19-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 84" 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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:

Homer Setback requirements.

Comments:/Conditions: Filter installed.

INITIAL SITE SKETCH

Please see Attached site plan

AS BUILT SKETCH

Installed as Drawn on site plan

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

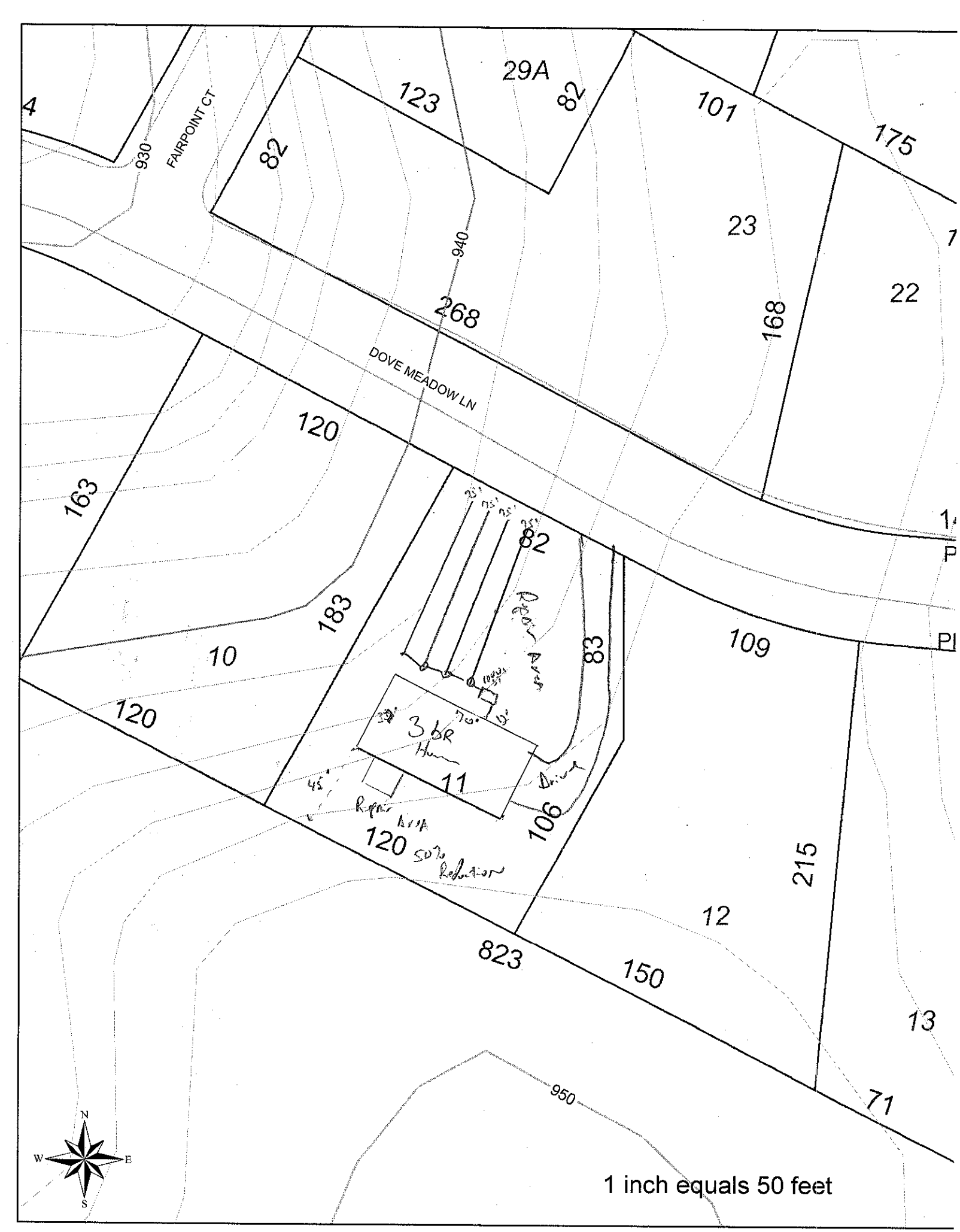
Authorization to Construct by: _____, R.S. date 29 June 07

Installed by: Billy Madison

Operation Permit by: _____, R.S. date 29 June 07

Existing System Inspection by: _____ date _____

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


4
930
FAIRPOINT CT
82
123
29A
82
101
175
940
23
22
268
168
DOVE MEADOW LN
120
163
183
10
120
82
83
109
3 BR
Hm
11
Driveway
106
120
215
12
823
150
13
71
950
N
W
E
S
1 inch equals 50 feet