* 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# 4725-68-9591 * and 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 115 N TL Scotts Creek Rd. TL Miller Farm Rd., TL Davenport TL Fairpoint Ct. 1st on RT.

SUBDIVISION Dover Meadow BLOCK / SECTION 2 LOT 29+29A LOT AREA 0.65 ac SITE CLASS. A5 DESIGN FLOW 360 gpd L.T.A.R. 0.24 IR/AR

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" Gravel Depth NA

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

System Description: 25% Reduction - Recipt'd

Repair System Description: 25% Reduction - OFF site

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

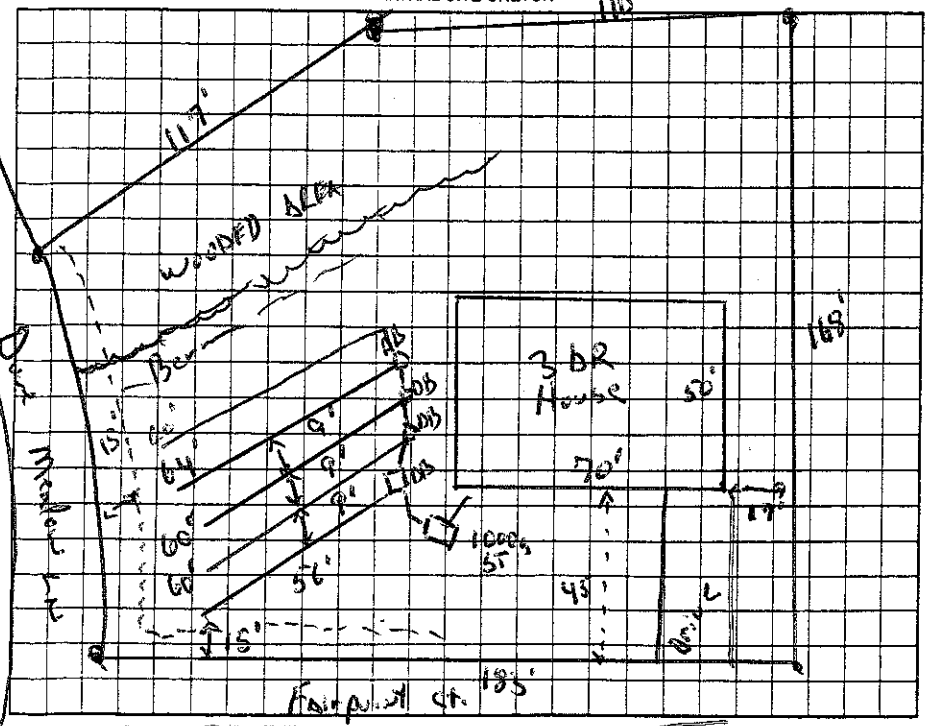
Water Supply: ☐ Individual ☒ Public ☐ Community

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

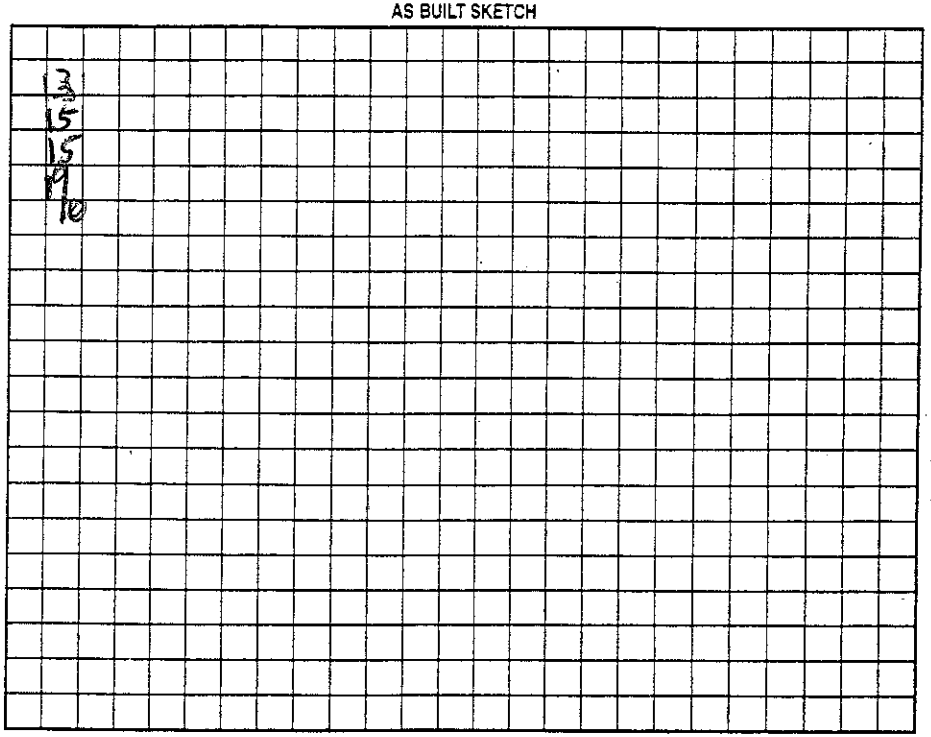
Comments:/Conditions: * Max. trench depth 18" / Keep upslope as far as possible / use 4 Dry Boxes / * Repair Area for this lot is to be located on Lot # 29A → Pressure-dosed 25% Reduction system

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