IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125565 PIN# 4735780467 1743 DATE 11-3-05

OWNER OR CONTRACTOR Built Rite PHONE: Business 904-201-9935 Home 704-

ADDRESS 295 [illegible] Rd Statesville NC

LOCATION 115 N Scotts Creek [illegible] mile [illegible] - R Dove meadow [illegible] Fairport

SUBDIVISION Dove meadow BLOCK / SECTION 2 LOT 27 LOT AREA .577 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3-27-0[illegible] ☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: ______ Gallons; PT ______ Date ______

System Description: Gravity 25% red

Pump Make: ______ Model ______ Serial No. ______

Repair System Description: LPD [illegible] Panel

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

Maintenance Agreement Required: ☐ Yes ☐ No Repair

No Lines 4 Trench Width 36 Max Bottom Depth 18 Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

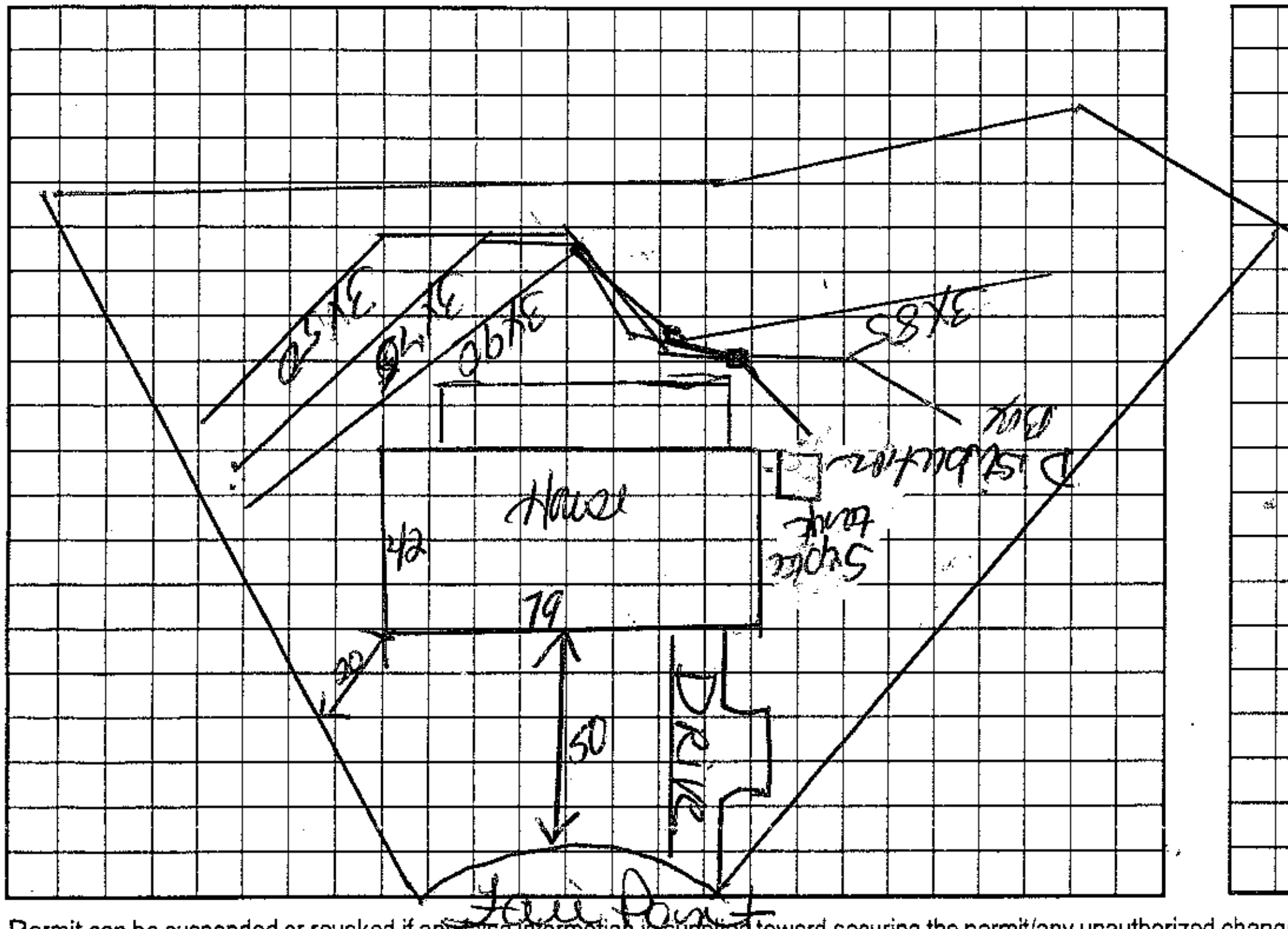
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Public
☐ Community

Comments:/Conditions: Maintain all setbacks
Install on contour

Comments:/Conditions: * 18" Max - Trench Bottom
Blue Polytech
Septic tank [illegible]

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: [signature] date ______ Installed by: Madison

Improvement Permit by: Kelly Cook date 11-3-05 Operation Permit by: Kelly Cook date 5-11-06

Authorization to Construct by: Kelly Cook date 11-3-05 Existing System Inspection by: ______ date ______

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