IREDELL COUNTY HEALTH DEPARTMENT

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

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

112 Fairpoint Court

PERMIT# 125564 PIN# ~~4725758 467.000~~ 2616e2 DATE 4/25/05

OWNER OR CONTRACTOR D & S PROPERTY MANAGEMENT PHONE: Business ~~876 5600~~ 872.3490 Home

ADDRESS 1805 SAFRIET RD - STATESVILLE NC 28625

LOCATION 115 (N) - TL SCOTTS CREEK - TL MILLAR FARM - TL FAIRPOINT - AT END

SUBDIVISION DOVE MEADOWS BLOCK / SECTION 1 LOT 26 LOT AREA .547AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .360/.547=.658

Septic Tank: 1250 Gallons; STB 625 Date 11-10-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6 Trench Width 36" Max Trench Bottom Depth 18" 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

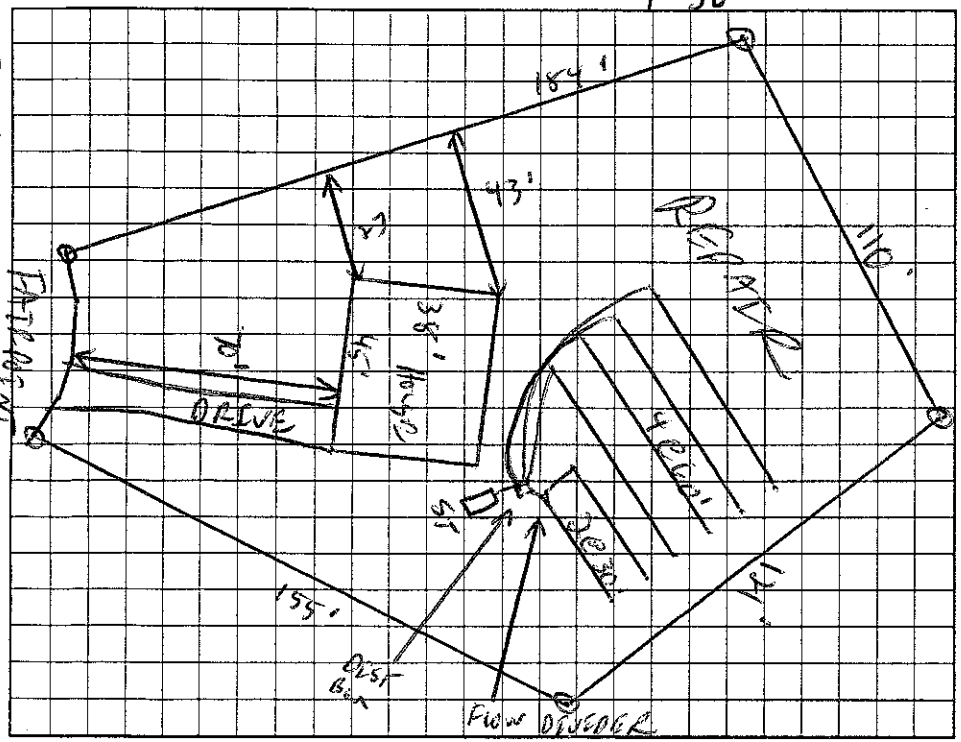
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

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Plan for tank below Septic tank marker

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: Kenny Madison

Improvement Permit by: ____ date 4/25/05 Operation Permit by: ____ date 2-3-06

Authorization to Construct by: ____ date 10/13/05 Existing System Inspection by: ____ date ____

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