IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125526 PIN# 4725-78-5066 DATE 06/12/06

OWNER OR APPLICANT O'BRIEN BUILDERS PHONE: Business 704-902-4310 Home 704-872-3442

ADDRESS 310 TREEBARK RD. STATESVILLE, NC

LOCATION HWY 115 N, (L) SCOTTS CREEK RD., (L) MILLER FARM RD., (L) DOVE MEADOW LN., (R) BIRD HAVEN, 1ST LOT ON RIGHT.

SUBDIVISION DOVE MEADOW BLOCK / SECTION II LOT 15 LOT AREA 0.636 AC. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB Shurf Rite Date 10-31-06

Pump Tank: 1,000 Gallons; PT Shurf Rite Date 8-28-06

Pump Make: Zoeller Model Bw 10-M Serial No. 5334-11867

Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300'

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 18"

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: PUMP, 25% REDUCTION

Repair System Description: LOW PRESSURE, 25% REDUC.

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Persons ___ No. Employees ___

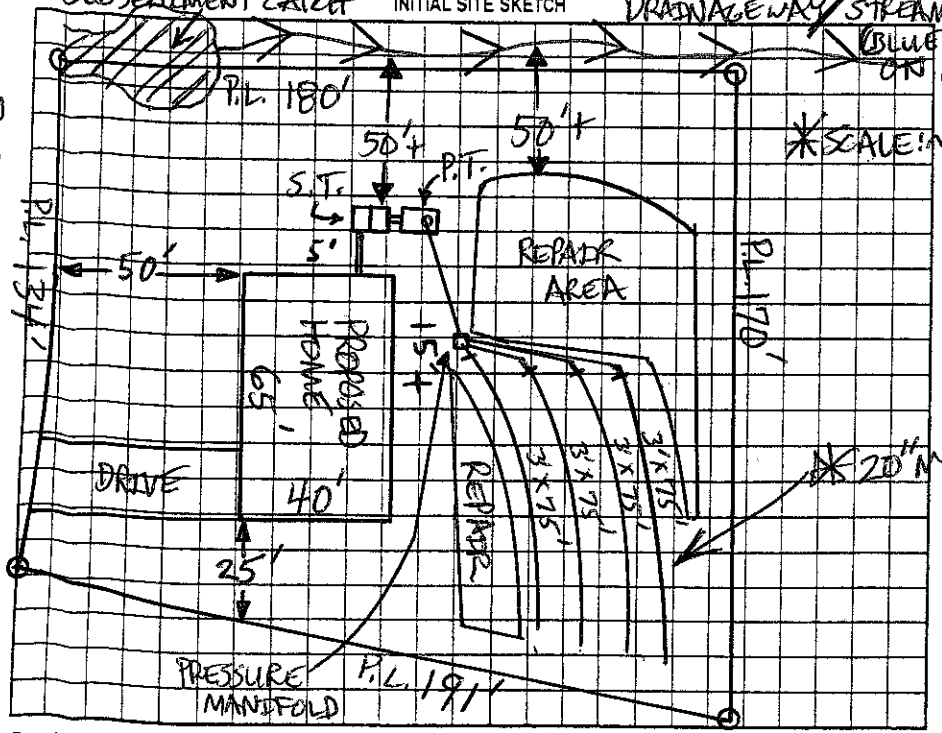
Water Supply: [ ] Individual [X] Public [ ] Community

Gravel Depth N/A [ ] Gravity [X] Pressure [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

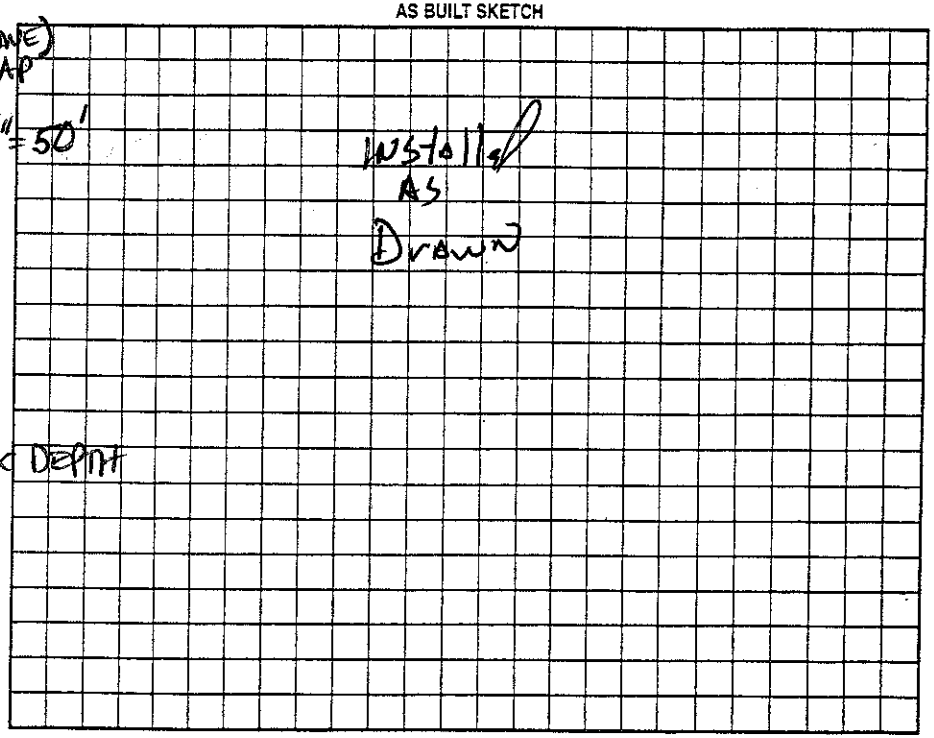
Comments/Conditions: (1) KEEP SYSTEM 15' PLUS FROM EDGE OF BASEMENT CUT. (2) SEE ATTACHED PUMP AND PRESSURE MANIFOLD INFO. SHEETS, (3) KEEP TANKS 50'± FROM CENTER OF DRAINAGE. (4) MAX TRENCH BOTTOM DEPTH OF 20". (5) CALL BEFORE INSTALLING

Comments/Conditions: SYSTEM TO HAVE LINES REFLAGGED, P.H. installed / MANIFOLD O.K.

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: Kenny Madison

Improvement Permit by: _____ date 06/15/06 Operation Permit by: _____, R.S. date 24 April 07

Authorization to Construct by: _____, R.S. date 13 Nov 06 Existing System Inspection by: _____ date _____

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