* THIS PERMIT VOIDS PREVIOUS PERMIT DATED 4/18/05 *

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125532 PIN# 4725 78 0467 5475 DATE 10/6/05

OWNER OR CONTRACTOR O'BRIEN BUILDERS PHONE: Business 704 902 4310 Home 704 876 6866

ADDRESS 310 TREEBARK RD STATESVILLE, NC 28625

LOCATION 115 N ⓛ SCOTTS CREEK ⓛ MILLER FARM ⓛ DOVEMEADOW ⓛ BIRD HAVEN ⓡ LOT AT CUL-DE-SAC

SUBDIVISION DOVEMEADOWS BLOCK / SECTION II LOT 18 LOT AREA .62 ACRES SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1054 825 Date 11-7-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I (II) III IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PIPES
Maintenance Agreement Required: ☐ Yes ☒ No

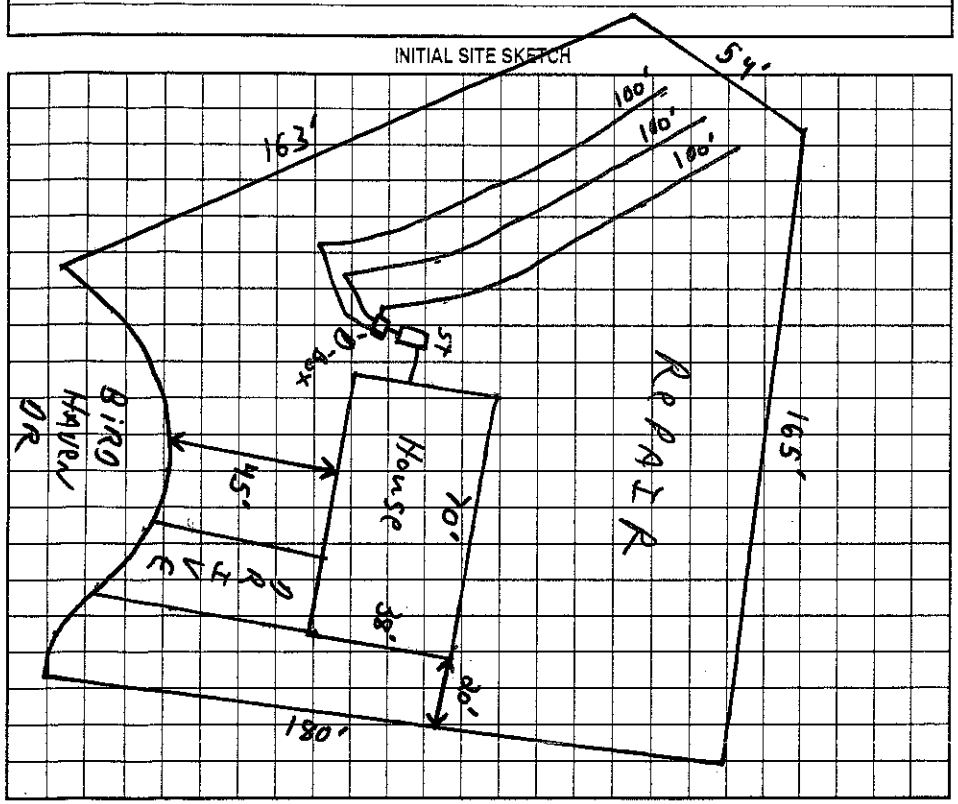
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions:
Blue Tuff tile filter
Septic tank risers installed

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 _____

Improvement Permit by: _____ date 10/6/05

Authorization to Construct by: _____ date 10/13/05

Installed by: Kenny Dickson

Operation Permit by: _____ date 1-12-06

Existing System Inspection by: _____ date _____

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