IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126320 PIN# 4726-02-4574 DATE 3-23-05

OWNER OR CONTRACTOR TBJ PROPERTIES, LLC PHONE: Business 704-902-4618 Home 704-876-1984

ADDRESS 413 MILLER FARM ROAD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH TL SCOTTS CREEK RD, TL CELTIC RIDGE DRIVE LOT AT END ON RIGHT

SUBDIVISION CELTIC RIDGE BLOCK / SECTION ____ LOT 24 LOT AREA 0.459 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-3-05

Pump Tank: 1000 Gallons; PT 17 Date 2-17-06

Pump Make: Goulds Model WE3½MU Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 25% REDUCTION, PUMP

Repair System Description: 50% REDUCTION LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

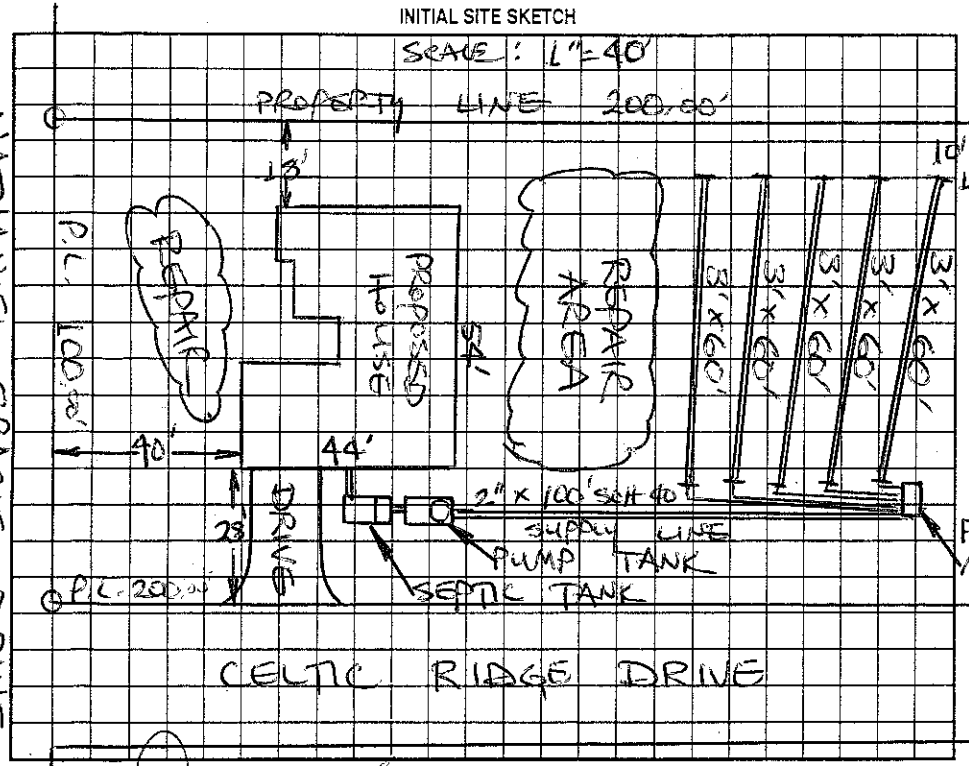
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

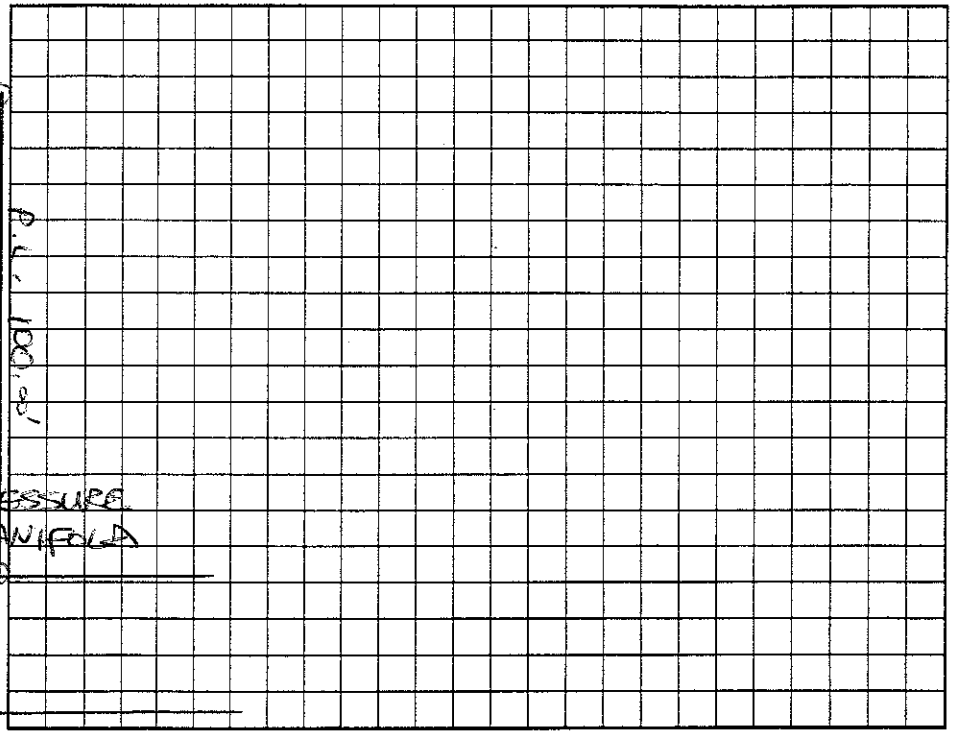
Comments:/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR ② SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS.

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: [signature] date 3-23-05 Installed by: Steve Jordan

Improvement Permit by: STEVE HENDRICK date 3-23-05 Operation Permit by: [signature] date 8-10-07

Authorization to Construct by: STEVE HENDRICK date 3-23-05 Existing System Inspection by: ____ date ____

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