IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120490 PIN# 4726-03-4416 DATE 6/29/04

OWNER OR CONTRACTOR TBJ Properties PHONE: Business 902-4618 Home

ADDRESS 161 Barringer Drive Statesville N.C. 28625

LOCATION Hwy 115 N. @ Scotts Creek Rd. @ Celtic Ridge (R) on W. Edinburgh Ct

SUBDIVISION Celtic Ridge BLOCK / SECTION - LOT 38 LOT AREA .460 Ac SITE CLASS. P8 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1212 Date 8-24-04
Pump Tank: 1000 Gallons; PT 17 Date 11-16-04
Pump Make: Barnes 1 3HP Model WE0312MV Serial No. B05 38778
Nitrification Field: No Fields 1 Square Feet Lateral to 144 Linear Feet 360
No Lines Se 75 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Pump, 25% Reduction
Repair System Description: Pump, LPP
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

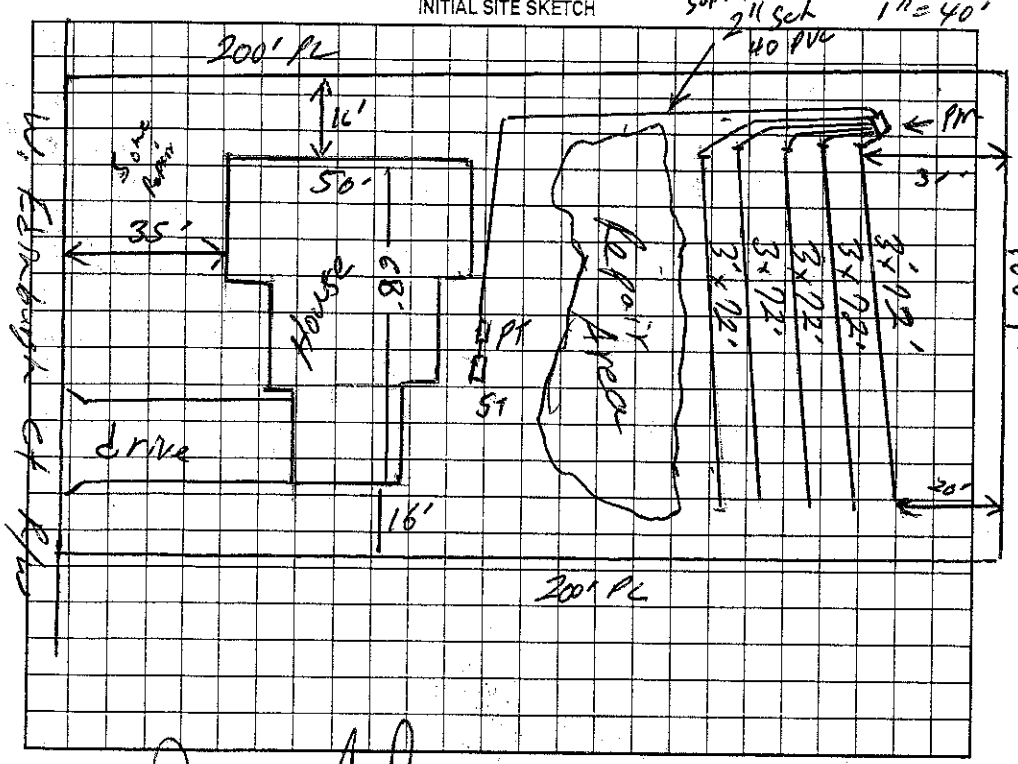
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

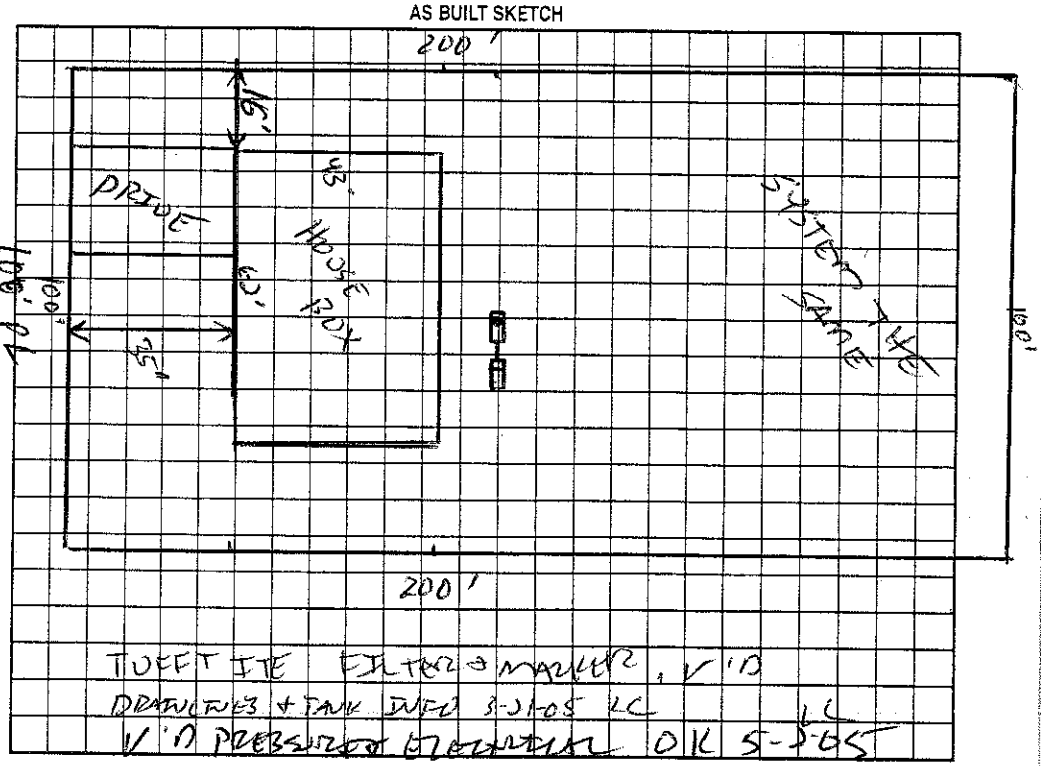
Comments/Conditions: (1) No cutting or filling over Initial Septic Area + Repair Area

Comments/Conditions: Approved 43'x 62' BOX ON 10-12-04. KEEP FRONT OF HOME 35' OFF P/L (FRONT) & BACK WILL BE 78' FROM FRONT LINE. SYSTEM IS UNALTERED. SEE BELOW

INITIAL SITE SKETCH 1"=40'



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 7/21/2004 Installed by: STEVE JORDAN

Improvement Permit by: William A. Johnson date 6/29/04 Operation Permit by: _____ date 5-2-05

Authorization to Construct by: William A. Johnson date 6/29/04 Existing System Inspection by: _____ date _____

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