IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118945 PIN# 4726-13-0156 DATE 4/6/04

OWNER OR CONTRACTOR Robert Balough PHONE: Business (336) 816-4704 Home –

ADDRESS 1670 E. Broad St Statesville NC 28625

LOCATION Hwy 115 N @ Scotts Creek Rd @ Cattle Ridge drive @ on East Edwards @ one on Cul-de-sac

SUBDIVISION Cattle Ridge BLOCK / SECTION – LOT 4 LOT AREA .49 Ac SITE CLASS. 05 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 4-20-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Equiv 1440 Linear Feet 240
No Lines 6@40 Trench Width 24 Max Trench Bottom Depth 36" ~~Gravel~~ Stone Depth 6"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Graval 50% Reduction
Repair System Description: LP Panels
Maintenance Agreement Required: ☐ Yes ☒ No

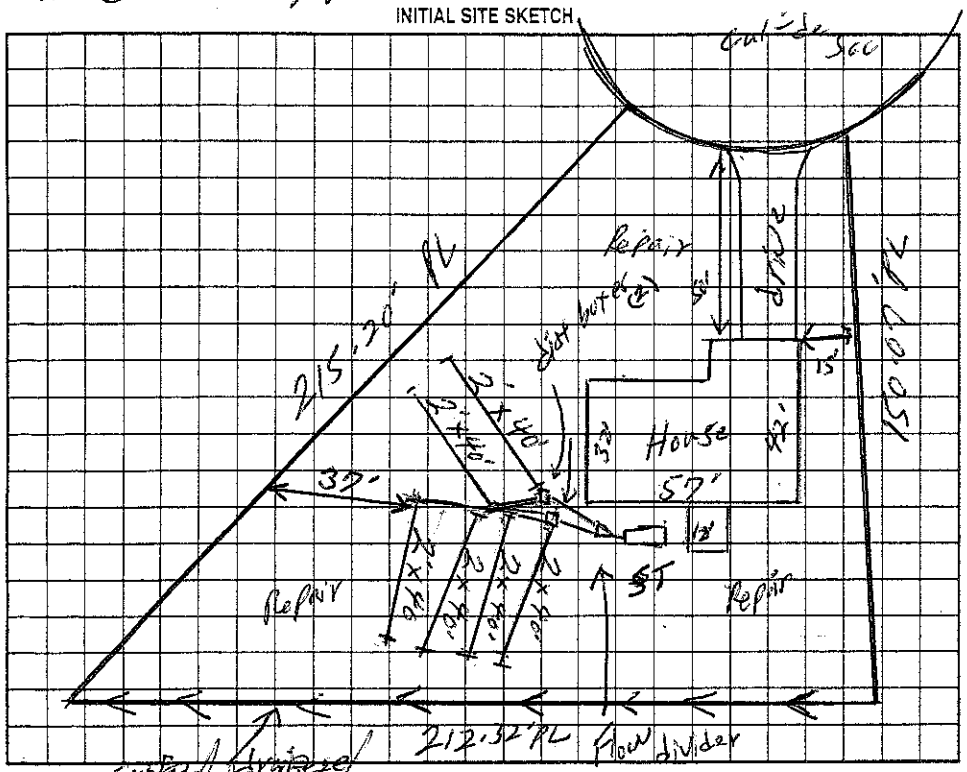
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install 54 Panels w 2/40 ft of Sand with One (1) Flow divider & (2) two dist. boxes 4 Flow divides ② Install Surface drainage on back Property line & remove existing bank ③ maintain proper setbacks 1"=50ft

Comments:/Conditions:
– Taff-Tite filters & ST marker Installed
– 54 panels Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Initial Site 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: William O. Johnson date 4/6/04

Authorization to Construct by: William O. Johnson date 4/6/04

Installed by: Steve Jordan

Operation Permit by: William O. Johnson date 8/30/04

Existing System Inspection by: ____ date ____

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