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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139465 PIN# 4726909600 DATE 2 January 07

OWNER OR APPLICANT Builtrite Const. / Joe Hyde PHONE: Business 704-201-9935 Home same

ADDRESS 295 Treybault Rd. Statesville N.C.

LOCATION 177 Ethel Ln Statesville, N.C.

SUBDIVISION WOODROSE BLOCK / SECTION _____ LOT 17 LOT AREA 0.458 ac. SITE CLASS. PS DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/d/ft²

Septic Tank: 1000 Gallons; STB Shaft STB360 Date 2-08-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction - Pressure

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

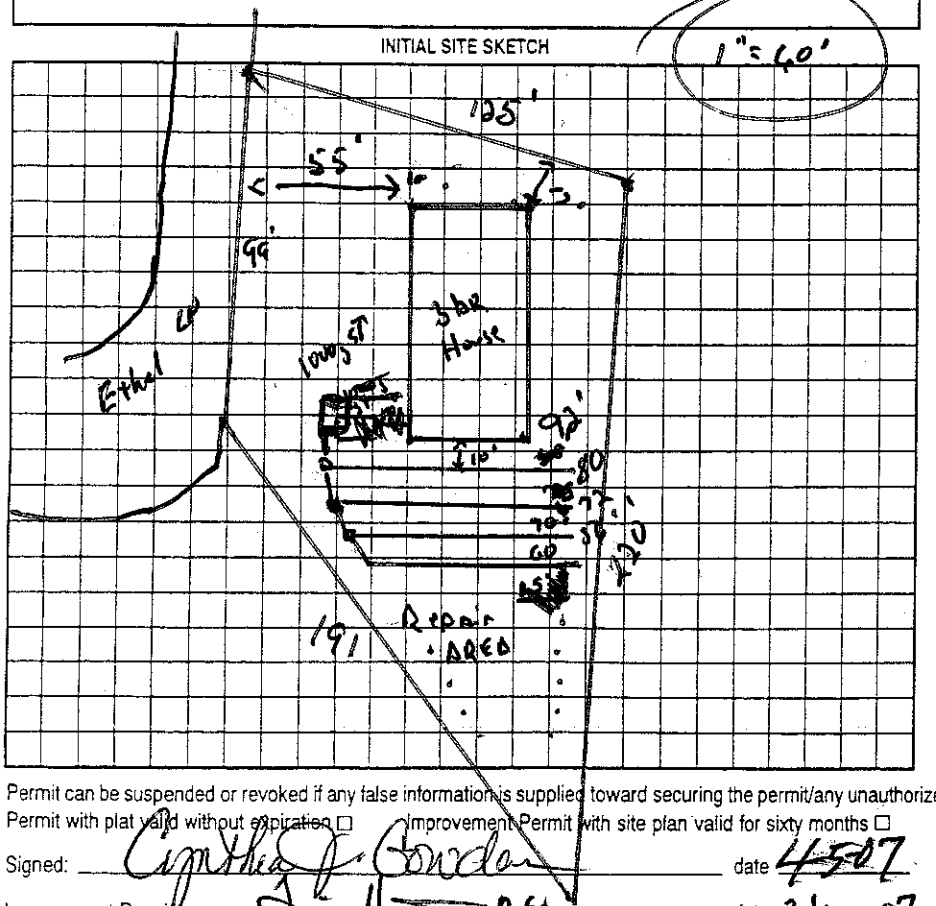
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth n/a ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow contour / use 3 drop-boxes

Comments:/Conditions: Filter installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn on initial site plan.

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: Cynthia J. Gowdey date 4-5-07 Installed by: Kenny Madison

Improvement Permit by: _____ R.S. date 2 Jan. 07 Operation Permit by: _____ R.S. date 6-6-07

Authorization to Construct by: _____ R.S. date 2 Jan. 07 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139465 PIN# 4726908600 DATE 2 January 07

OWNER OR APPLICANT Builtrite Const. / Joe Hyde PHONE: Business 704-201-9935 Home same

ADDRESS 295 Treadwell Rd. Statesville N.C.

LOCATION 177 Ethel Ln Statesville, N.C.

SUBDIVISION WOODROSE BLOCK / SECTION ____ LOT 17 LOT AREA 0.458 ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/sqft

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Reduction

Repair System Description: 50% Reduction Pressure

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

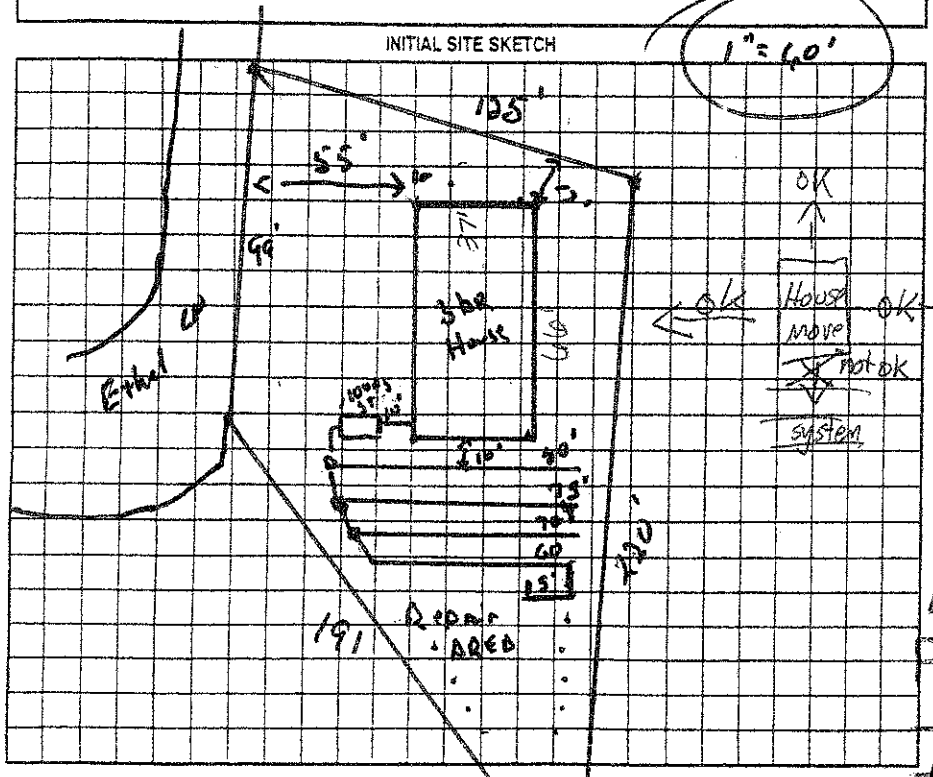
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☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

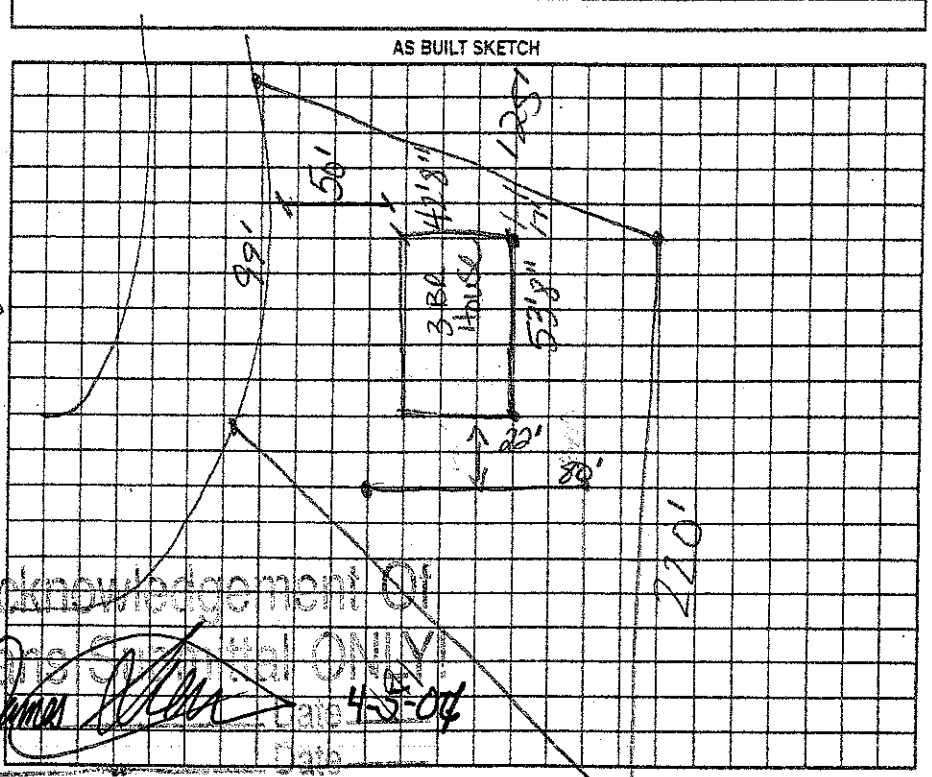
Comments:/Conditions: Follow contour / use 3 drop-boxes

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Acknowledgement Of Pre-Construction ONLY

Date 12-5-06

Date

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: ____, R.S. date 2 Jan. 07

Authorization to Construct by: ____, R.S. date 2 Jan. 07

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: ____ date ____

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