IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135940 PIN# 4728021892 DATE 6-19-06

OWNER OR APPLICANT Builtrite PHONE: Business 704 201 9935 Home

ADDRESS 147 Hidden River Ln.

LOCATION 115 N, left on Pisgah, R on Treebark, right on Hidden River, lot is halfway down on the left

SUBDIVISION Hidden River BLOCK / SECTION 2 LOT 15 LOT AREA 2.298 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .9

Septic Tank: 1000 Gallons; STB 744 Date 7-29-06

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 _____

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

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

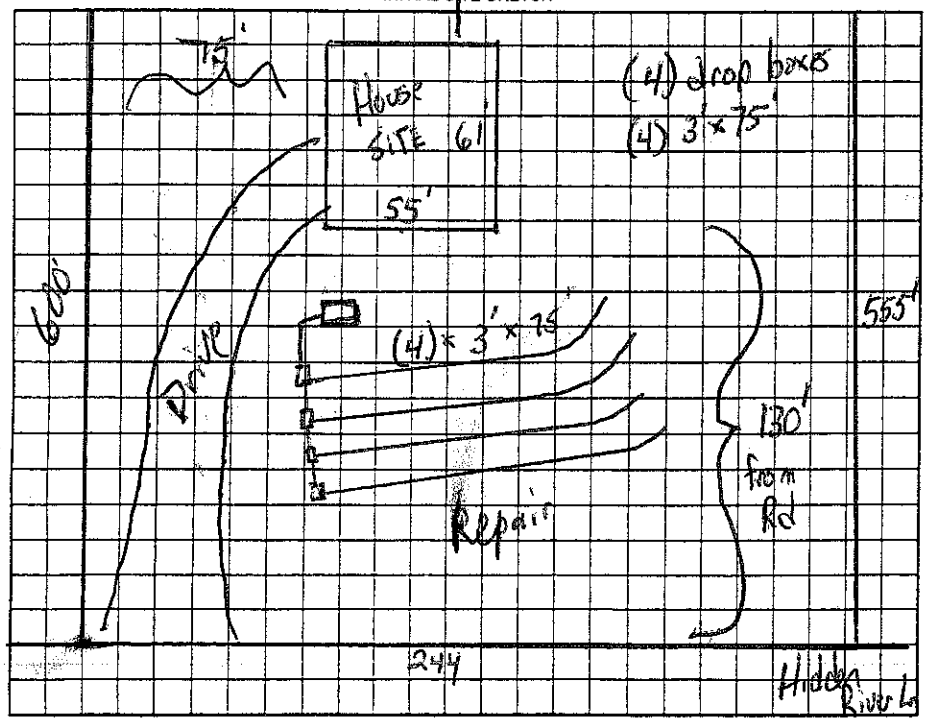
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

Well 325' 1"=160

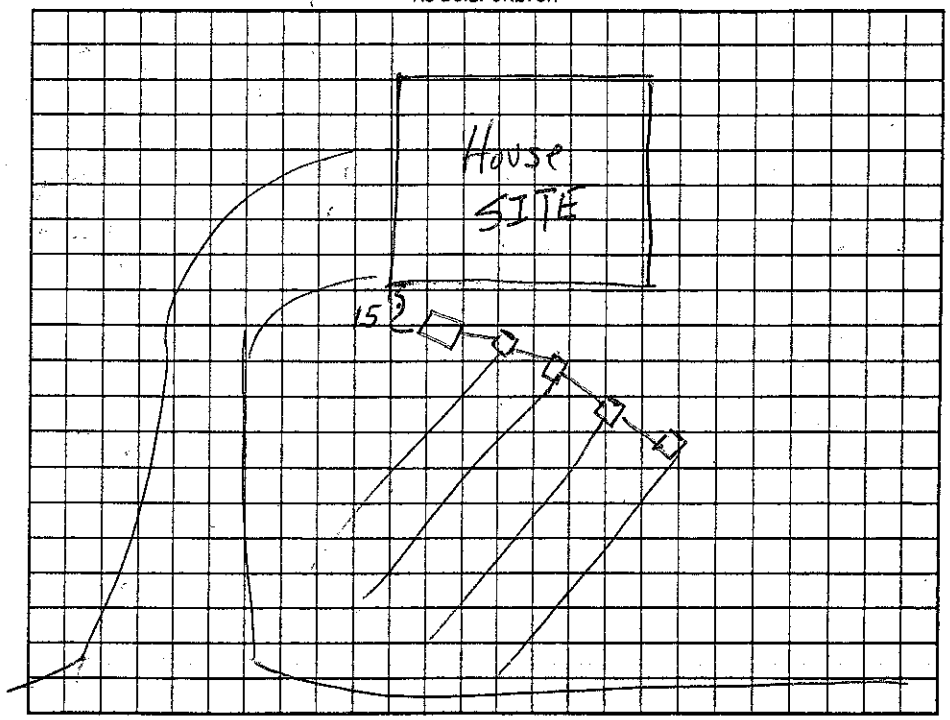
INITIAL SITE SKETCH



Comments:/Conditions:

ST marker
Red filter

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 6-14-06 Installed by: Madison Grading

Improvement Permit by: _____ date 6-19-06 Operation Permit by: _____ date 10-5-06

Authorization to Construct by: _____ date 6-19-06 Existing System Inspection by: _____ date _____

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