IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140880 PIN# 4728-05-6996 DATE 16 March 07

OWNER OR APPLICANT Built-rite Construction / Joe Hyde PHONE: Business 704-201-4935 Home 704-876-1955

ADDRESS 295 Treebank Rd. Statesville, N.C. 28625

LOCATION 175 Pisgah Ch. Rd.

SUBDIVISION Treebank Rd. BLOCK / SECTION ____ LOT 8 LOT AREA 0.46ac. SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. 0.3g/ft²/d

Septic Tank: 1000 Gallons; STB Shuaf 760 Date 3-20-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 240

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: 50% Reduction System

Repair System Description: 50% Reduction System

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

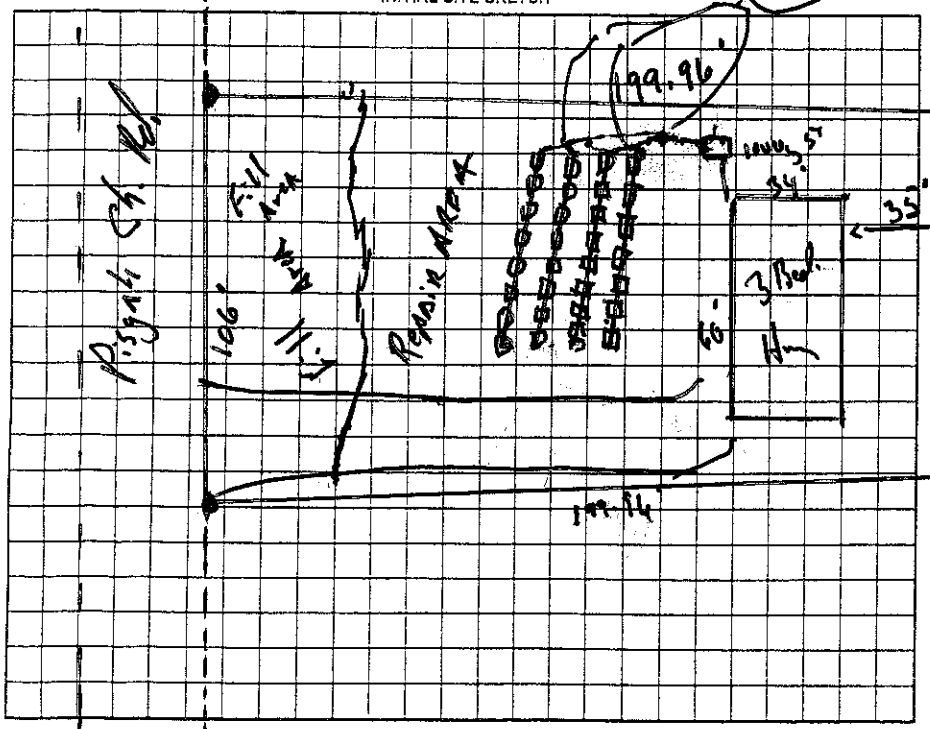
Comments/Conditions:

3 flow-divider Tee's

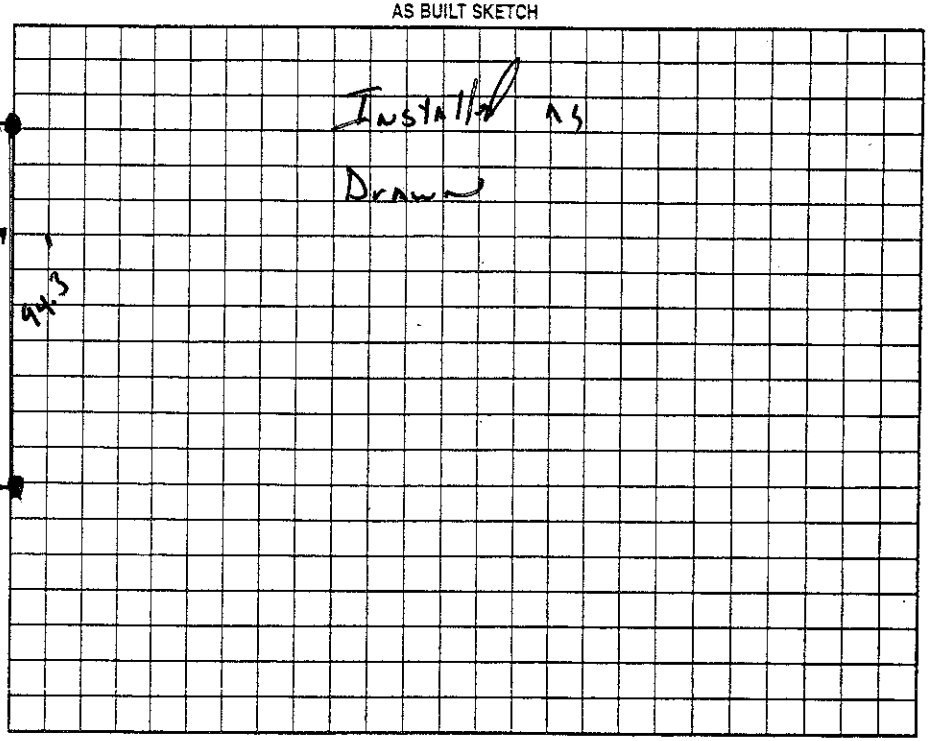
Comments/Conditions:

Poly/Rock fill installed.

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: ____ date 3-19-07 Installed by: Dolly (Kenny) Madison

Improvement Permit by: ____ R.S. date 19 March 07 Operation Permit by: ____ R.S. date 13 June 07

Authorization to Construct by: ____ R.S. date 19 March 07 Existing System Inspection by: ____ date ____

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