* PERMIT VOIDS ONE ISSUED UNDER SAME PERMIT ISSUED 11-10-04

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# TRAD~~IAAAN~~ 125460 PIN# 4730-48-9097 DATE 4-13-05

OWNER OR CONTRACTOR BRIAN E. ROBINETT CONSTRUCTION PHONE: Business (704) 201-9172 Home

ADDRESS 113 WEDGEVIEW WAY STATESVILLE NC 28677

LOCATION US 21S TR STATE PARK RD TR MEADOW GLEN TL PARK VISTA ON RT.

SUBDIVISION MEADOW GLEN BLOCK / SECTION II LOT 42 LOT AREA 0.50 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 11-9-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAVITY PANEL 50% REDUCTION
Repair System Description: LP PANEL 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 24" SAND

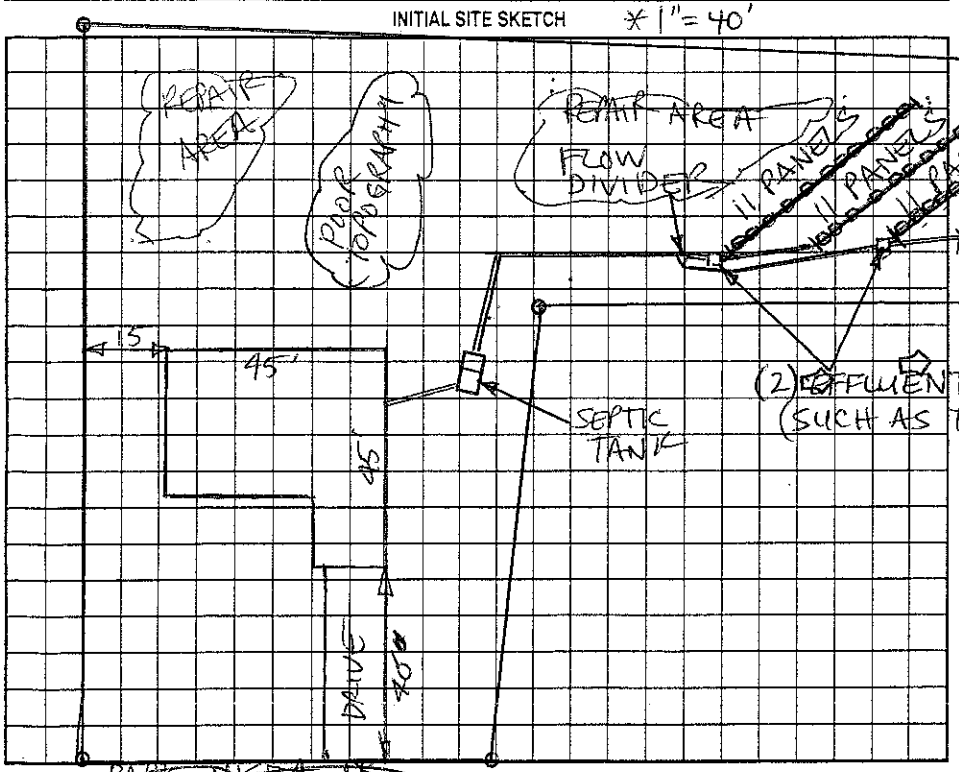
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: (1) INSTALL ON CONTOUR (2) DO NOT CUT FOR POSITIVE DRAINAGE SETBACKS (3) MUST BACKFILL OR PERMIT WILL BE VOID (4) NO FOUNDATION DRAIN OR PERMIT WILL BE VOID

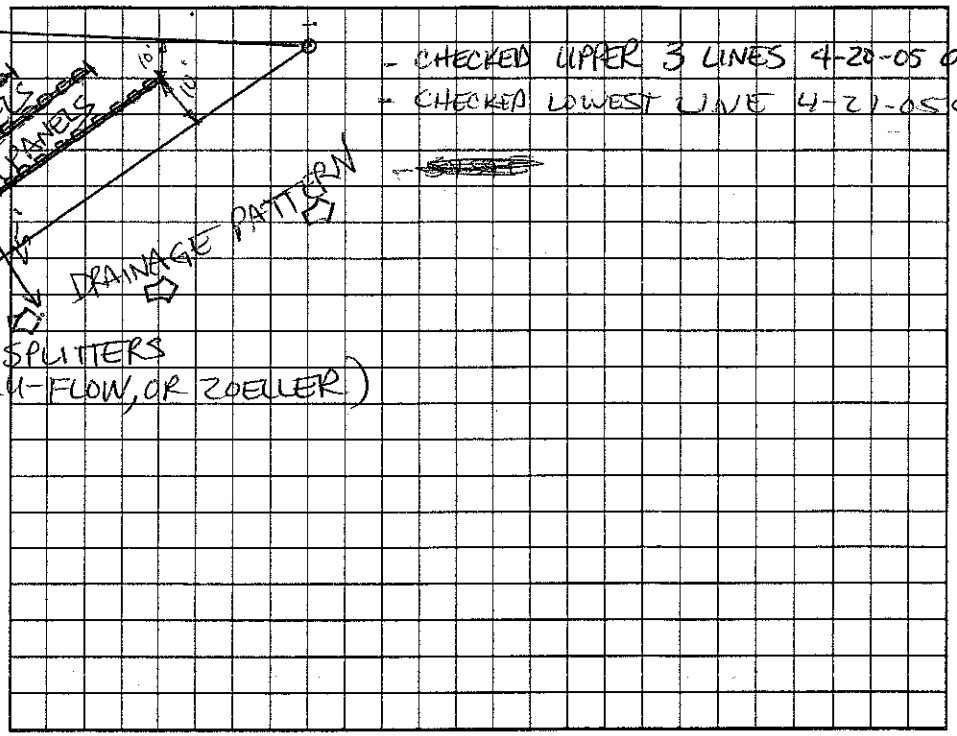
Comments/Conditions: (1) RED POLYLOK FILTER IN TANK (2) TANK <6" FROM SURFACE – NO RISER REQ'D (3) TAR ROPE SEAL

INITIAL SITE SKETCH * 1" = 40'



AS BUILT SKETCH

- CHECKED UPPER 3 LINES 4-20-05 OK
- CHECKED LOWEST LINE 4-21-05 OK



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 4/14/05 Installed by: SAMMY REAVIS

Improvement Permit by: Christopher M. Shuller LSS date 4-13-05 Operation Permit by: Christopher M. Shuller LSS date 4-21-05

Authorization to Construct by: Christopher M. Shuller LSS date 4-13-05 Existing System Inspection by: ____ date ____

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