IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116400 PIN# 4735-28-6578 DATE 10/24/03

OWNER OR CONTRACTOR Derek Osborne PHONE: Business (704) 872-7482 Home —

ADDRESS P.O. Box 1283 Statesville, N.C. 28687

LOCATION Hwy 115 N, L Canopy Oak, L Golden Oak House on Corner

SUBDIVISION Meadow Oaks BLOCK / SECTION #2 LOT 61 LOT AREA .875 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 11-15-03
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet Equiv. 1029 Linear Feet 260
No Lines 4 @ 65 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravel, 25% Reduction
Repair System Description: Lang Gravel, 50% Reduction LPP
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 3 No. Bathrooms 2½ No. Employees ______

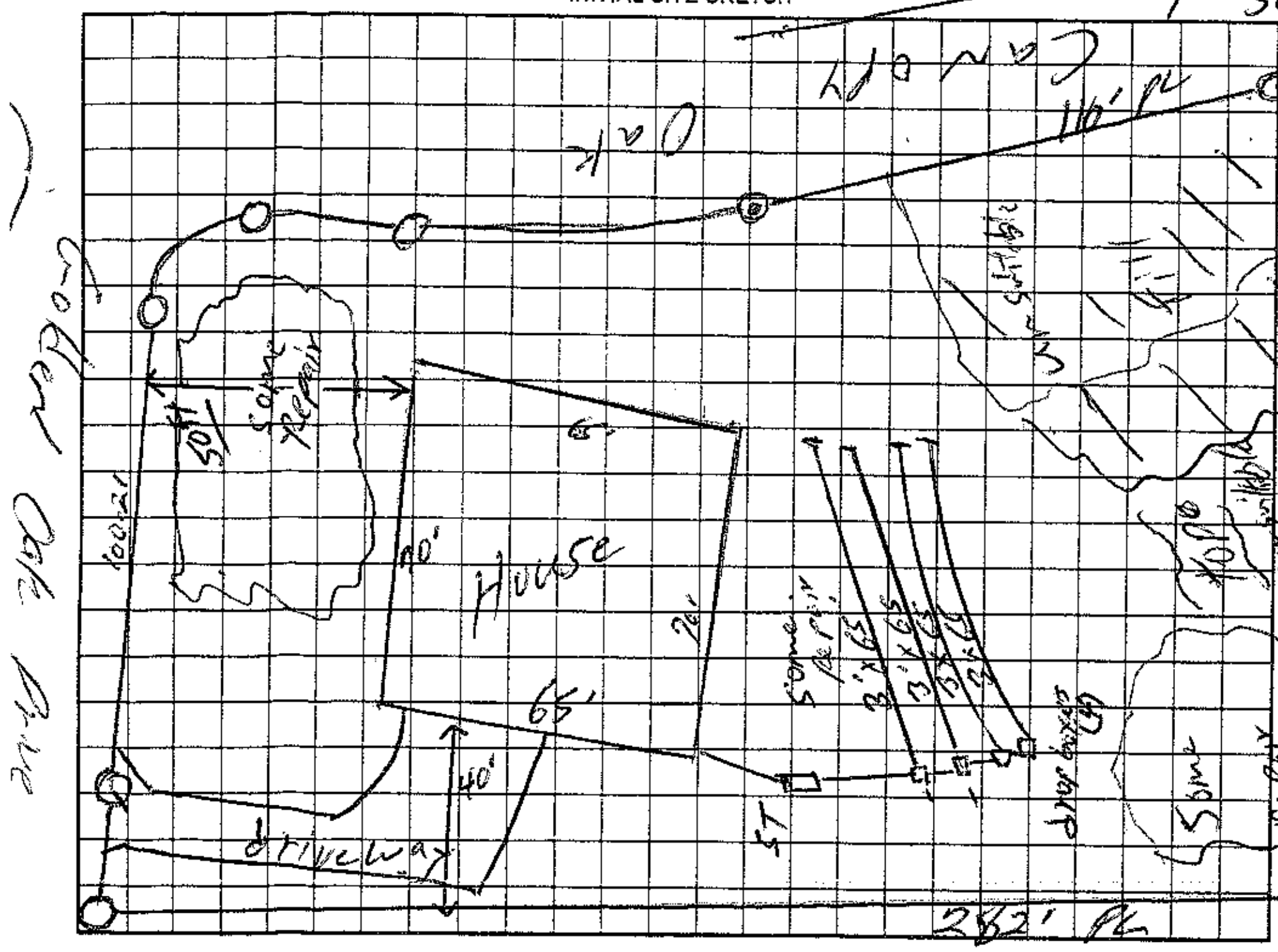
Water Supply: ☒ Individual ☒ Public ☐ Community

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

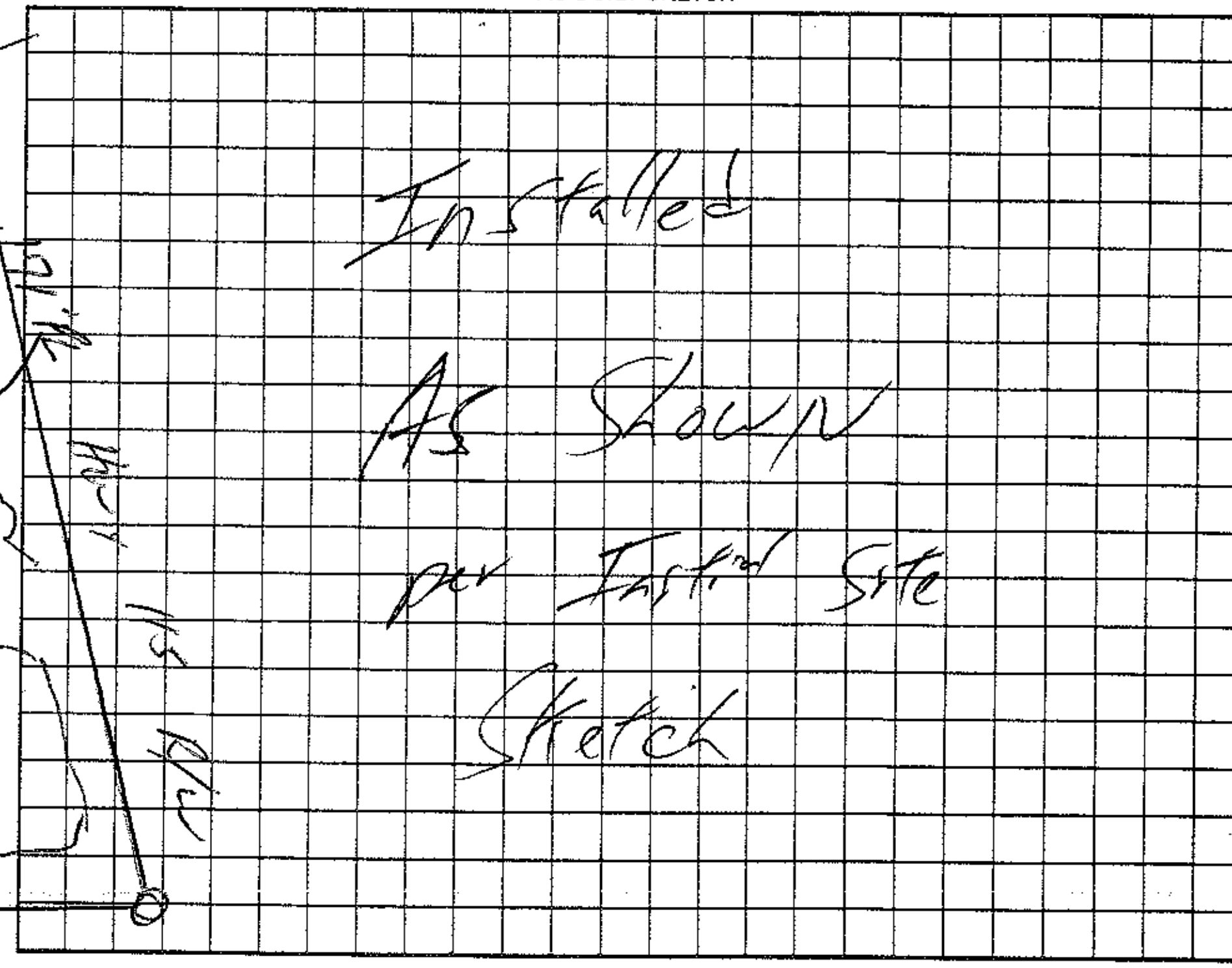
Comments:/Conditions: (1) Install lines on Contour (2) Maintain proper set backs

Comments:/Conditions:
- 44 Infiltrator Chambers Installed
- ST marker + Tuff-Tite filter 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: X D. Osborne date 11-12-03 Installed by: C+S Grading + Septic

Improvement Permit by: William O. Johnson date 10/24/03 Operation Permit by: William O. Johnson date 5/12/04

Authorization to Construct by: William O. Johnson date 10/24/03 Existing System Inspection by: ______ date ______

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