IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107138 PIN# 4735-28-7827 DATE 1/15/03

OWNER OR CONTRACTOR Bruce Billington PHONE: ~~Business~~ Cell (704) 682-1481 Home —

ADDRESS 425 Hillcrest Drive Statesville NC 28677

LOCATION Hwy 115 N @ Upper Oak @ Golden Oak, 3rd lot on left.

SUBDIVISION Meadow Oaks BLOCK / SECTION 2 LOT 63 LOT AREA .722 Acre SITE CLASS. #5 DESIGN FLOW 360 L.T.A.R. .35 ~~#/ft²~~

Septic Tank: 1000 Gallons; STB 1012 Date 8-19-02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 345

No Lines 3@115 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Conventional, Gravity

Repair System Description: Conventional, Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

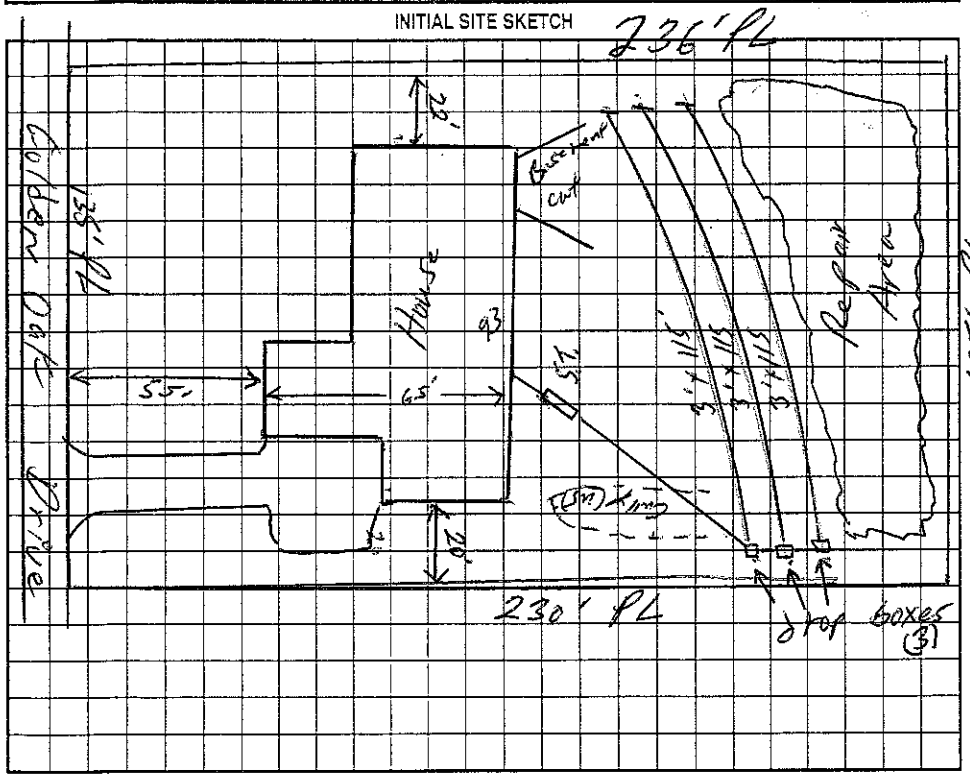
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

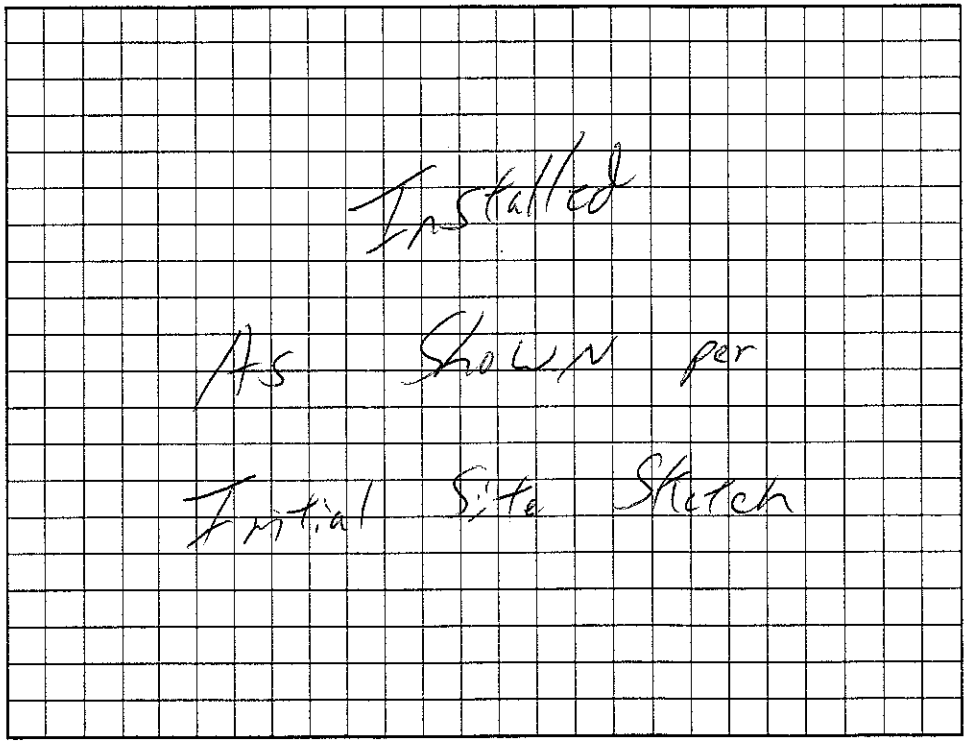
Comments:/Conditions:

Comments:/Conditions: Tuff-Tite Filter - Septic Tank Risers 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: Bruce A. Billington date 1-17-03 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 1/15/03 Operation Permit by: William O. Johnson date 4/7/04

Authorization to Construct by: William O. Johnson date 1/15/03 Existing System Inspection by: _____ date _____

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