IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI

PERMIT# 120321 PIN# 4735-28-8376 DATE 6/24/04

OWNER OR CONTRACTOR Derek Osborne PHONE: Business 902-3084 Home (704) 872-2482

ADDRESS 3324 East Broad Street Statesville N.C. 28625

LOCATION 115 N. Right Upper Oak Drive 2nd lot on Right - 116 Upper Oak Rd.

SUBDIVISION Meadow Oaks BLOCK / SECTION 2 LOT 121 LOT AREA .73 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. - 30

Jacob Dyson

Septic Tank: 4000 Gallons; STB 1067 Date 10-29-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Eatn 1200 Linear Feet 300

No Lines 4@75 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity, 25% Reduction

Repair System Description: Pump & Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

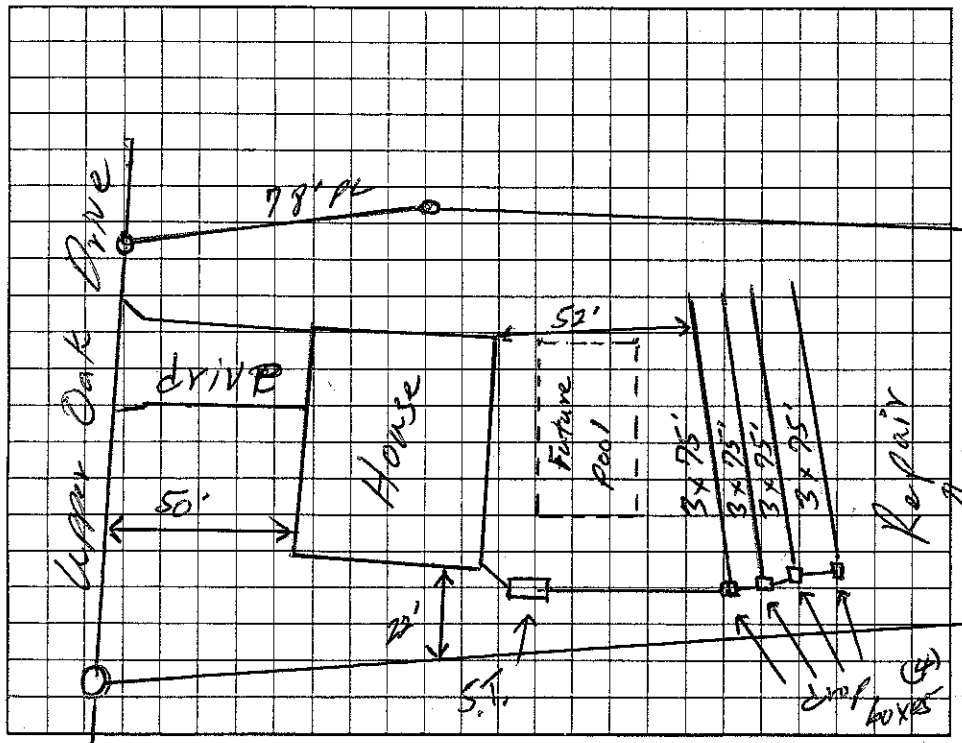
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

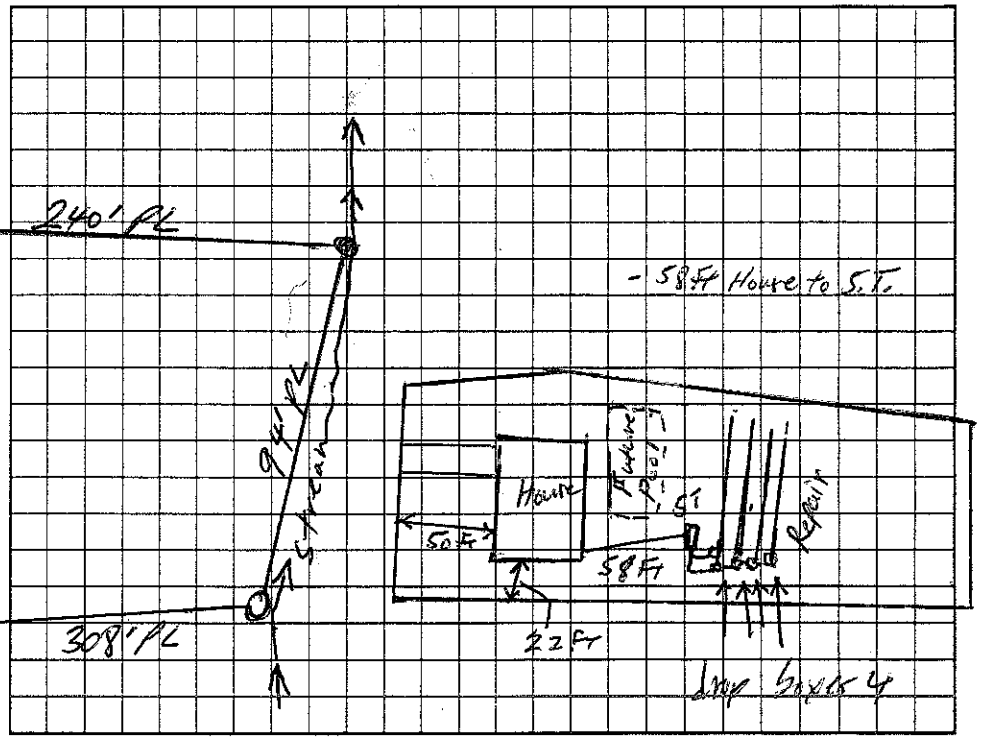
Comments/Conditions: ① Install liner on contour ② maintain proper setbacks

Comments/Conditions: - Prior HD + contractor approval to move Septic Tank.
- Zabel Filter + ST Marker Installed.
- Quick 4 Infiltrators 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: Derek Osborne date 6-24-04 Installed by: Sammy Shoemaker

Improvement Permit by: William O. Johnson date 6/24/04 Operation Permit by: William O. Johnson date 1/12/05

Authorization to Construct by: William O. Johnson date 6/24/04 Existing System Inspection by: _____ date _____

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