Posted – IP 9/24/01

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102092 PIN# 4735-39-0906 DATE 9/19/01

OWNER OR CONTRACTOR Robert Kelly PHONE: Business (704) 450-1341 Home (704) 924-9028

ADDRESS 214 K Spitfire Lane Statesville, N.C. 28625

LOCATION 115 N, ⓡ Upper Oak, ⓛ on Golden Oak at End.

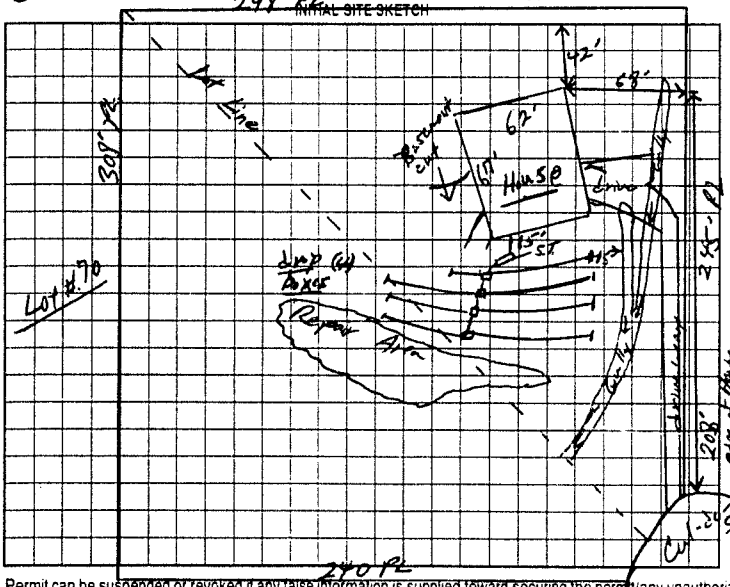
SUBDIVISION Medow Oaks II BLOCK / SECTION II LOT 70 & 71 LOT AREA 1.789 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4,000 Gallons: STB 1012 Date 2-7-02	☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI	☒ House/Mod. Home	No. Bedrooms 3	Water Supply:
Pump Tank: ____ Gallons, PT ____ Date ____	System Description: Gravity, 25% Reduct.	☐ Mobile Home	No. Bathrooms 2½	☐ Individual
Pump Make: ____ Model ____ Serial No ____	Repair System Description: Gravity 25% Reduction	☐ Business	No. Employees ____	☒ Public
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360'	Maintenance Agreement Required: ☐ Yes ☒ No	☐ Other ____		☐ Community
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth ____	☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing			

Comments/Conditions: ① Maintain Correct setbacks ② Install 25% Reduction System & HDE's 36" 10' Sections or 60 Chambers on Contour

(Not to Scale)

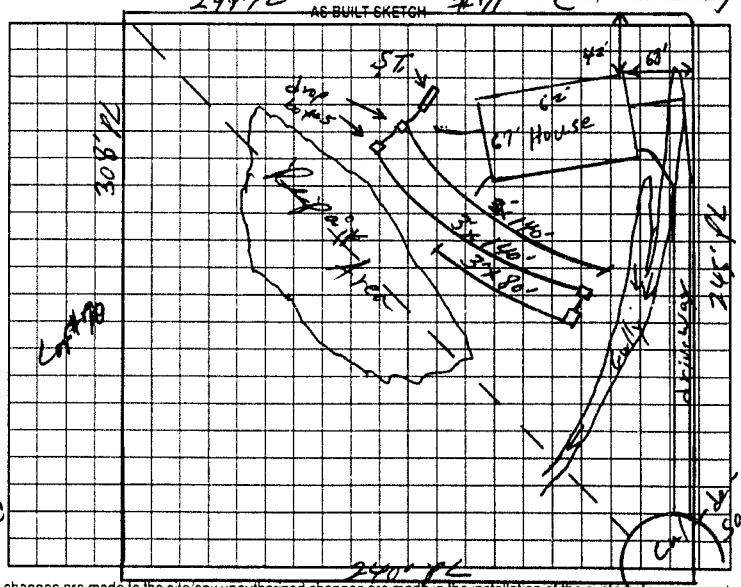
INITIAL SITE SKETCH



Comments/Conditions: – 36 – 10ft Sections EZ Flow Installed – poly lok Sitter Installed – S.E. Marker Installed

(Not to Scale)

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: Robert J Kelly date 09-25-01 Installed by: Tommy Frye

Improvement Permit by: William E Johnson date 9/24/01 Operation Permit by: William E Johnson date 6/10/02

Authorization to Construct by: William E Johnson date 9/24/01 Existing System Inspection by: ____ date ____

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