IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103387 PIN# 4935-39-9335 DATE 12/13/01

OWNER OR CONTRACTOR Lonnie Dull (Greg) PHONE: Business (704) 878-5590 Home (704) 873-6471

ADDRESS 417 Beverly Drive Statesville N.C. 28625

LOCATION Hwy 115 North, (R) Upper oak, (L) Canopy Oak 3rd lot on left ps

SUBDIVISION Meadow Oaks BLOCK / SECTION II LOT 15 LOT AREA .62 Acres SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4,000 Gallons: STB 1012 Date 2-20-02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model equiv to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240
No Lines 6 Trench Width 24" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: County Panels
Repair System Description: County Pump, 50% Red.
Maintenance Agreement Required: [ ] Yes [ ] No
Gravel Depth SAND 6" [ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

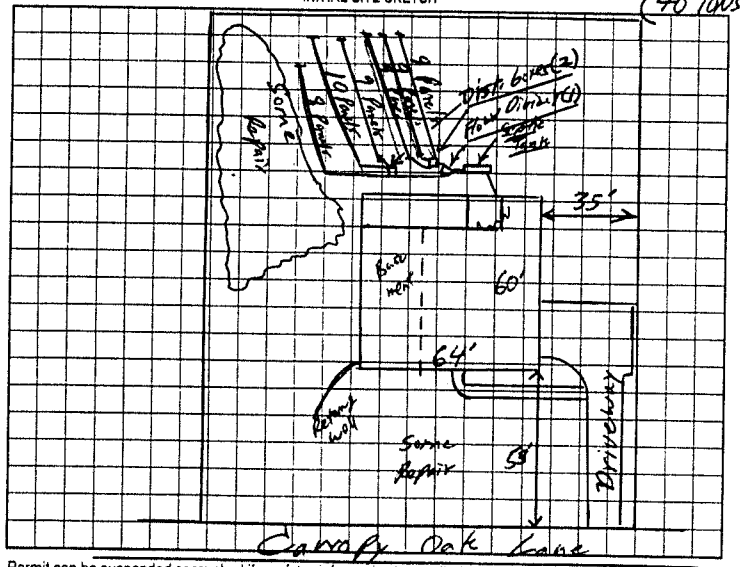
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: (1) Install 50% Reduction System with pipes (2) Install one(1) flow divider tee into tank (2) distribution boxes to tee panels each (3) Rake + Lime Sidewalls (4) Maintain proper setbacks

Comments/Conditions: Tank pulled [redacted] Septic Maker Installed Polylok Filter

INITIAL SITE SKETCH (40 TONS of Sand)



AS BUILT SKETCH

Installed as Shown per Initial Site 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: Lonnie Dull date 12-14-01 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 12/17/01 Operation Permit by: William O. Johnson date 2/18/02

Authorization to Construct by: William O. Johnson date 12/17/01 Existing System Inspection by: ____ date ____

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