IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (2) MOORESVILLE 704-664-5281

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

PERMIT# 113054 PIN# 4735-49-6895 DATE 6/20/03

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

ADDRESS PO Box 1783 Statesville N.C. 28687

LOCATION Hwy 115 N @ Meadow Oak II @ Canopy Rd @ Wheat Ridge, lot on left

SUBDIVISION Meadow Oak BLOCK / SECTION 3 LOT 125 LOT AREA .60 Ac. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 9-4-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Eq. to 1440 Linear Feet 240'

No Lines 7 Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: Gravity 50% Reduction

Repair System Description: Pump, Low Pressure Pipe

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

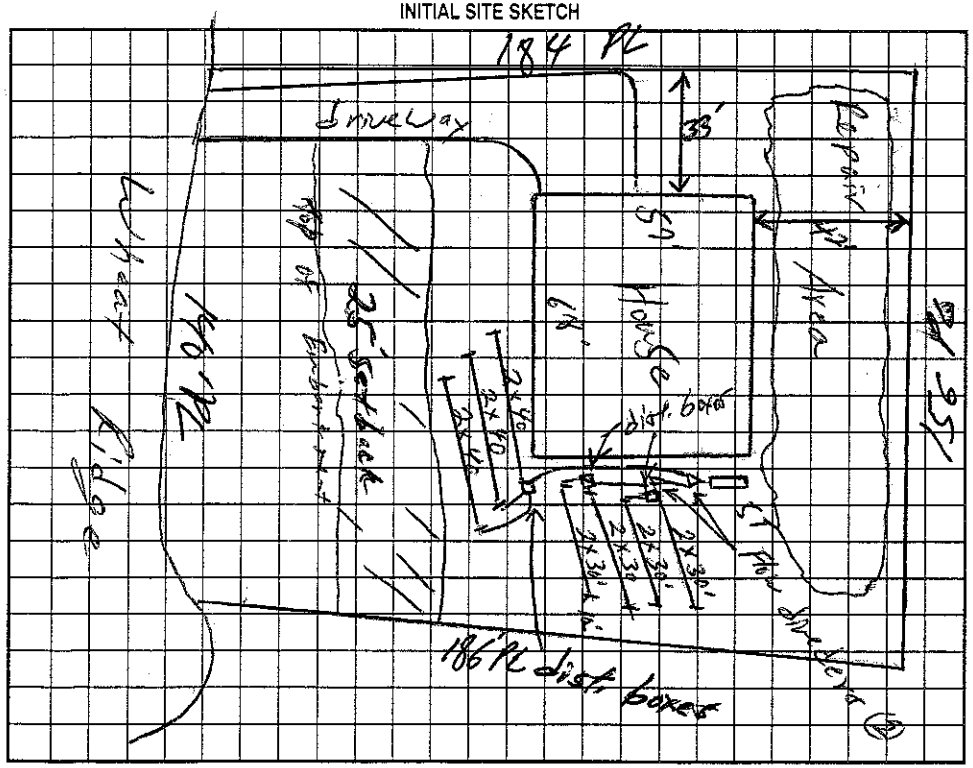
Water Supply: ☐ Individual ☒ Public ☐ Community

~~Gravel~~ Depth 6" Sand ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: ① Install 50% Reduction System with 2 flow dividers + 3 (three) dist. boxes ② maintain proper setbacks ③ Install 56 panels 4" to 40 tons Sand.

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "1"

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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: _____ date ____

Improvement Permit by: William A. Johnson date 6/24/03

Authorization to Construct by: William A. Johnson date 6/24/03

Installed by: KELLY WELBORNE

Operation Permit by: STEVE HENRICK date 10-30-03

Existing System Inspection by: _____ date ____

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