IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112760 PIN# 4736-68-5334 DATE 6-13-03

OWNER OR CONTRACTOR BKP Developing PHONE: Business — Home (704) 682-1227

ADDRESS 130 Dobbs Drive Statesville NC 28625

LOCATION Hwy 15 N @ Chipley Ford Rd, @ Perrs Lane east Niton Rd 1st lot on the right

SUBDIVISION Chipley Park BLOCK / SECTION — LOT 90 LOT AREA .57 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft 2

Septic Tank: 1000 Gallons; STB 1007 Date 35-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity, Conventional

Repair System Description: Gravity, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

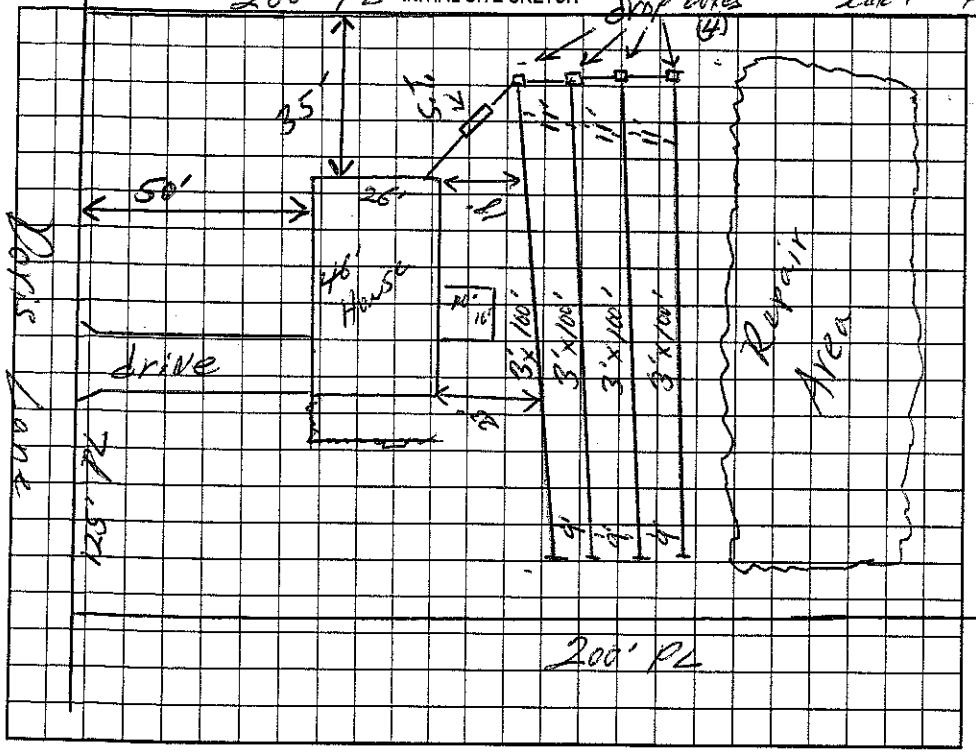
Water Supply: ☒ Individual ☒ Public ☐ Community

Comments:/Conditions:

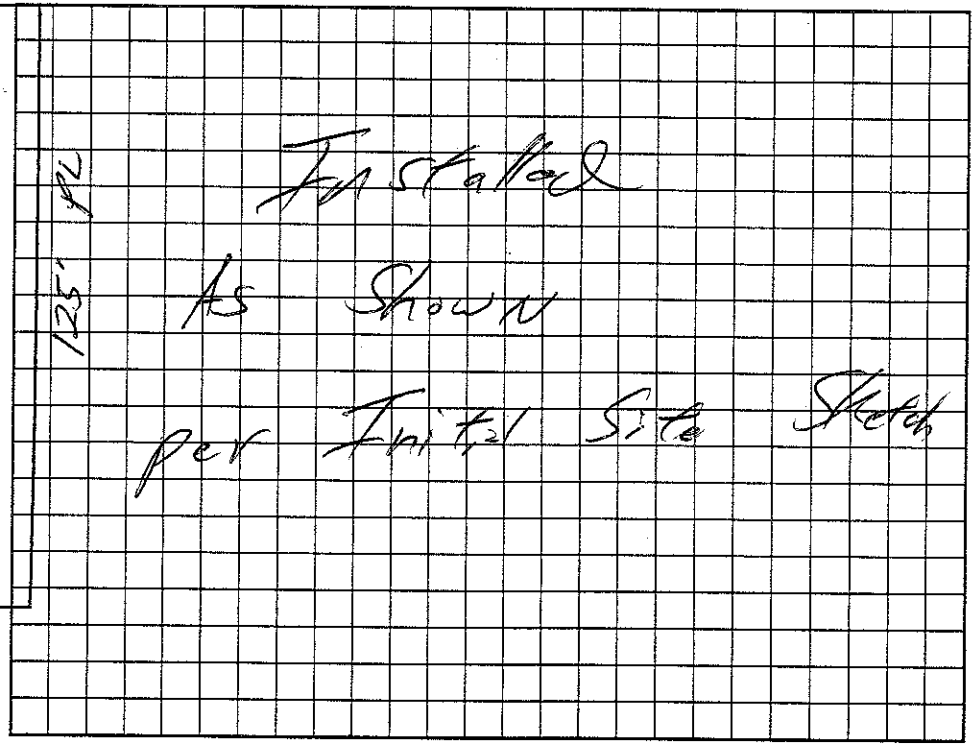
Comments:/Conditions:

Poly lok Filter Installed

200' PL INITIAL SITE SKETCH drop boxes (4) Scale 1"=40 ft



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: [signature] date 6/16/03 Installed by: Kelly Wellborn

Improvement Permit by: William O. Johnson date 6/13/03 Operation Permit by: William O. Johnson date 9/22/03

Authorization to Construct by: William O. Johnson date 6/13/03 Existing System Inspection by: ____ date ____

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