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# 112764 PIN# 4736-68-6365 DATE 6/16/03

OWNER OR CONTRACTOR BRP Developing PHONE: Business — Home (704) 682-1727

ADDRESS 130 Dobbs Drive Statesville N.C. 28625

LOCATION Hwy 115 N (R) Chipley Ford Rd (R) Point Lane past Wynn Rd 2nd lot on right

SUBDIVISION Chipley Ford BLOCK / SECTION — LOT 85 LOT AREA .66 Ac. SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1007 Date 11-14-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, 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 ____

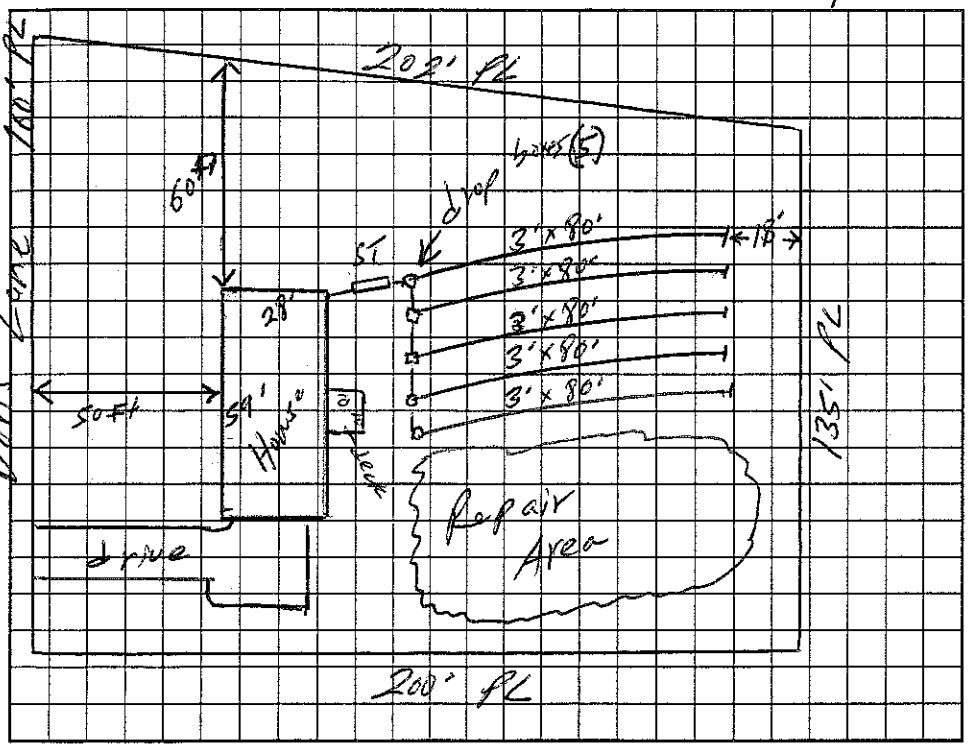
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install Lines on Contour

Comments:/Conditions: - Poly Ick Filter Installed

INITIAL SITE SKETCH 1" = 50'



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

Improvement Permit by: William O. Johnson date 6/16/03 Operation Permit by: William O. Johnson date 9/22/03

Authorization to Construct by: William O. Johnson date 6/16/03 Existing System Inspection by: ____ date ____

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