IREDELL COUNTY HEALTH DEPARTMENT

This Permit voids Previously issued Permit dated 8/19/01

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

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

PERMIT# 10473 PIN# ~~4737-23-5364.05~~ 4737-23-3366 DATE 8/19/02

OWNER OR CONTRACTOR Ergon Jet O'Brien Company PHONE: Business (704) 871-1538 Home

ADDRESS 310 Treebark Rd Statesville NC 28625

LOCATION Chipley Ford Rd (N), @ Chimney Rd, on Left Near End

SUBDIVISION Chipley Run BLOCK / SECTION PL LOT 5 LOT AREA .548/Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpf/ft²

Septic Tank: 4000 Gallons; STB 1007 Date 4-4-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model equ. to Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 300

No Lines 4 Trench Width 12" Max Trench Bottom Depth 30" Gravel Depth ____

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

System Description: Gravity 25% Reduction

Repair System Description: ~~Existing~~ Pump, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

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

Water Supply: ☐ Individual ☒ Public ☐ Community

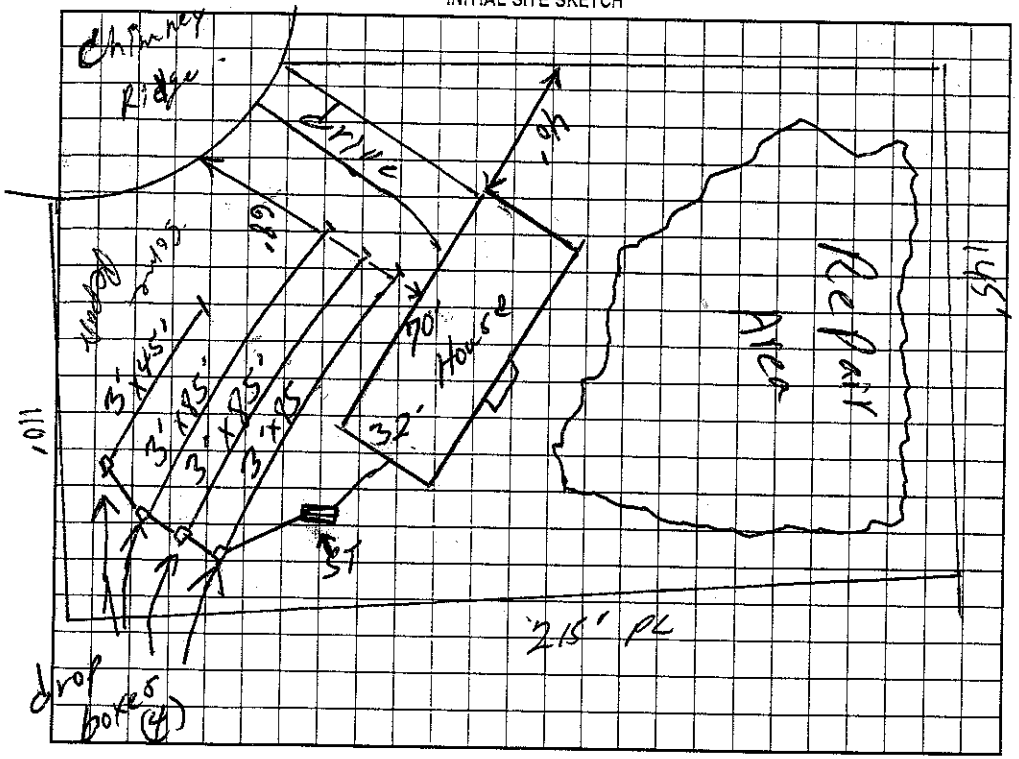
Comments:/Conditions: ① Install Lines on contour

② Maintain proper Setbacks

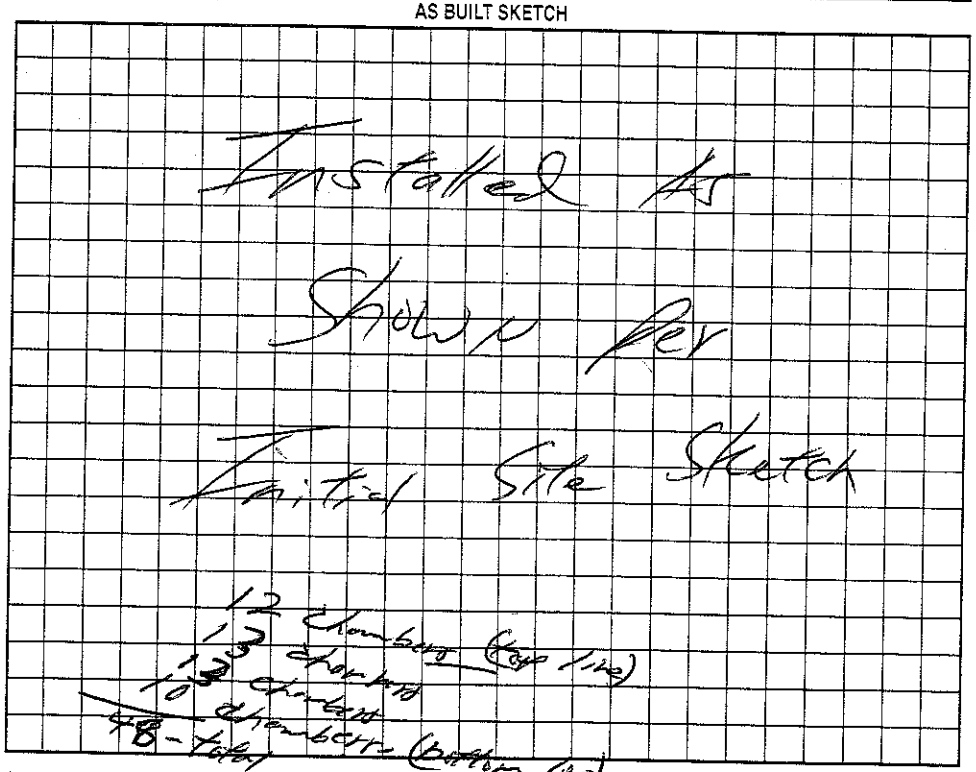
Comments:/Conditions:

- Polylok Filter Installed
- Installed 48 Bio Enfeeder Chambers

INITIAL SITE SKETCH



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: Richard Campbell date ____

Improvement Permit by: William O. Johnson date 8/19/02

Authorization to Construct by: William O. Johnson date 8/19/02

Installed by: Bill Greene

Operation Permit by: William O. Johnson date 6-11-02

Existing System Inspection by: ____ date ____

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