IREDELL COUNTY HEALTH DEPARTMENT

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

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

2I

PERMIT# 101470 PIN# 4737235364.04 DATE 8/10/01

OWNER OR CONTRACTOR CRADLE & O'BRIEN CONSTRUCTION PHONE: Business 871-1536 Home

ADDRESS 310 TREEBARK RD - STATESVILLE NC 28625

LOCATION CHIPLEY FORD (N) - TL CHIMNEY RIDGE JUST PAST RED CHIMNEY - AT END ON RT

SUBDIVISION CHIMNEY RIDGE BLOCK / SECTION LOT 4 LOT AREA .658AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1009 Date 7-30-02

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, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: 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

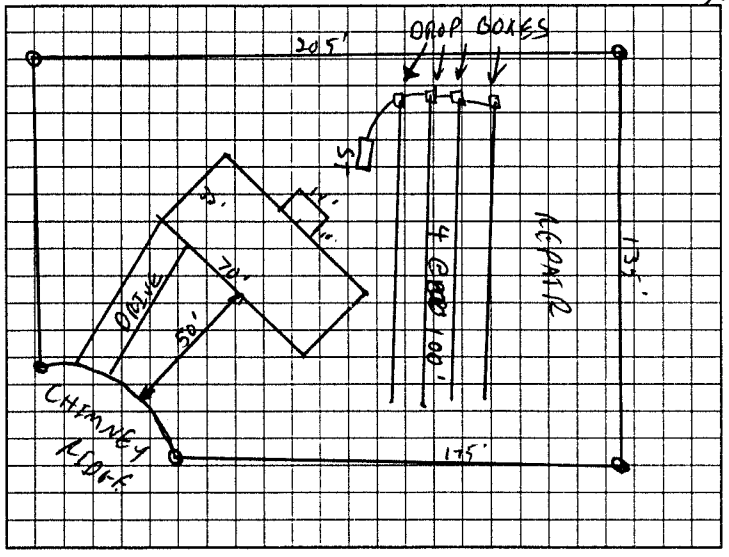
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

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- poly lok filter + S.T. marker 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: date

Improvement Permit by: C. [illegible] date 8/10/01

Authorization to Construct by: William C. Johnson date 7/9/02

Installed by: Scott Greene

Operation Permit by: William C. Johnson date 11/12/02

Existing System Inspection by: date

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