This permit voids previously issued permit dated 8/12/01

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101478 PIN# ~~4737-23-5369.08~~ 4737-23-7384 DATE 8/19/02

OWNER OR CONTRACTOR Grandlot O'Brien Construction PHONE: Business 871-1536 Home —

ADDRESS 3/o Tree Park Road Statesville N.C. 28625

LOCATION Chipley Ford Rd (N) - On Chimney Ridge 1st on Left corner Lot

SUBDIVISION Chimney Ridge BLOCK / SECTION — LOT 8 LOT AREA .548 Ac. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 8-13-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet cav. to 1440 Linear Feet 360

No Lines 4 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, 25% Reduction

Repair System Description: Pump, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

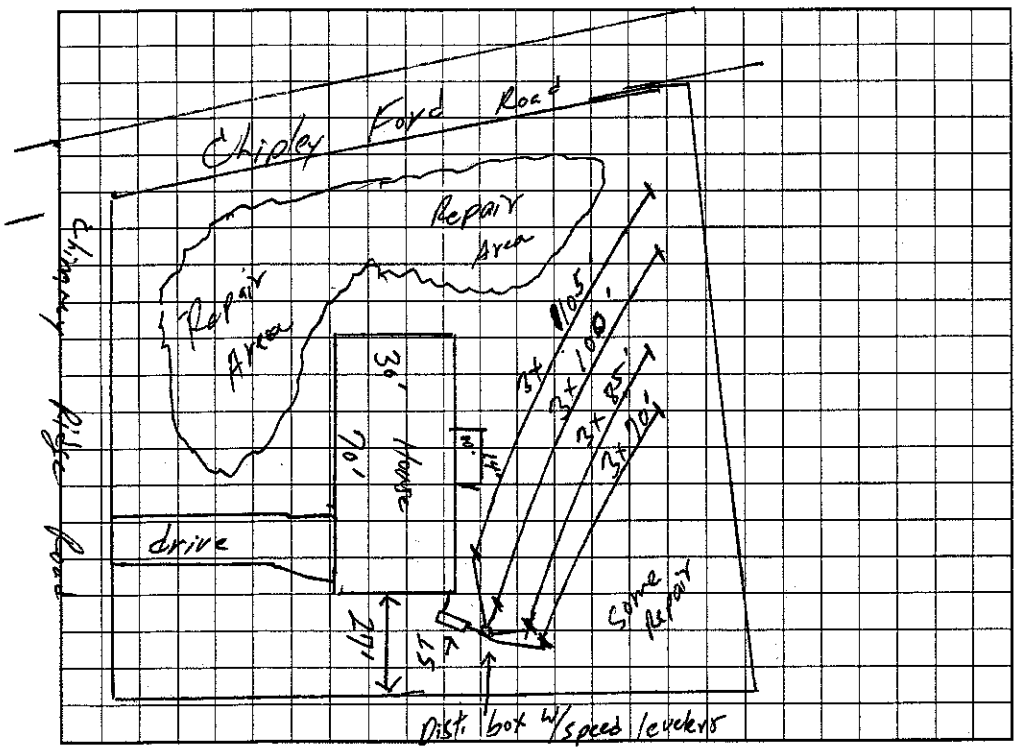
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☒ Public ☐ Community

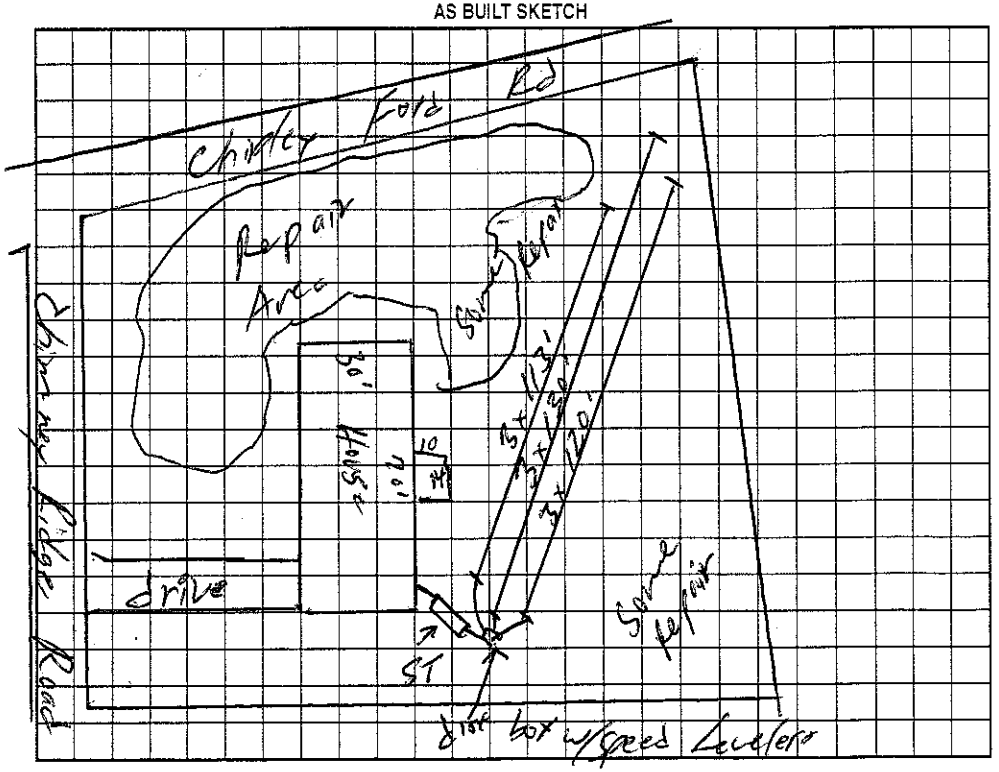
Comments/Conditions:

Comments/Conditions: Okay to move S.T.
- 58 Infiltrator chambers installed
Tuff Tite - filter
(120, 130, 113 ft length lower)

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: _____ date 8-19-02 Installed by: Bill Greene

Improvement Permit by: William O. Johnson date 8-19-02 Operation Permit by: William O. Johnson date 10/01/03

Authorization to Construct by: William O. Johnson date 8-19-02 Existing System Inspection by: _____ date _____

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