IREDELL COUNTY HEALTH DEPARTMENT

CI

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

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

PERMIT# 14495 PIN# 4747658030 DATE 9/6/07

OWNER OR APPLICANT JET CUSTOM HOMES PHONE: Business 704-902-2772 Home 704-873-3530

ADDRESS 143 OAK GROVE CO STATESVILLE NC 28677

LOCATION 31 N @ SHARON @ DONSDALE @ HOUSE RIDGE AT END IN CUL-DE-SAC

SUBDIVISION DONSDALE BLOCK / SECTION 2 LOT 36 LOT AREA 0.427 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 1.5

Septic Tank: 1000 Gallons: STB 1012 Date 7-12-07
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet 600/1600 Linear Feet 400/1000
No. Lines 3X133 Trench Width 36" Max. Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 60% 25% REDUCT
Repair System Description: 1 ON PROP. 25% REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) KEEP STUBOUT 6" ABOVE FINISH NATURAL GRADE & BACKFILL AS BUILDER MET & SAID THIS IS OK (2) POSSIBLE DRAIN LINES AT 36" DEEP DUE TO HUMPS & BUMPS

Comments:/Conditions: IN LONTOPS (3) BUILDER REQUESTS 25% REDUCT FOR SYSTEM TUFFTITE FILL & MULCH

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK, R.S.

AS BUILT SKETCH

INSTALLED AS DRAWN
BUILDER ACKNOWLEDGED SYSTEM 10' + OFF OK

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 10/3/07

Improvement Permit by: ____ date 9/12/07

Authorization to Construct by: ____ date 9/13/07

Installed by: CRAIG THOMPSON GRADING

Operation Permit by: ____ date 1-25-08

Existing System Inspection by: ____ date ____

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

Permit # 144965
Dir. # 4747658030

1 inch equals 50 feet

HOUPE RIDGE LN

PB 50-67

190
182
63
63
78
104
203
230
35
229
306
145
193'
75
45
25
53'
43'
76'
20'
58'
Old Road Removed
Shed
Distribution Box METH
Seed Lines
REPAIR AREA
3'x133'
3'x133'
3'x133'
Well
+/- 80'
N
S
E
W