4.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13318 PIN# 4760 59 4061 DATE 2/17/06

OWNER OR APPLICANT OLDE NORTHSTATE Homes PHONE: Business _____ Home _____

ADDRESS 9327 ST BARTS LN HUNTERSVILLE, NC 28078

LOCATION 21N (R) STATESVILLE RD (L) BRAWLEY RD (R) FAIRHAVEN DR LOT 84 AND 188 FAIRHAVEN DR

SUBDIVISION FAIRHAVEN BLOCK / SECTION 1 LOT 16 LOT AREA .59 ACRES SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-13-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet eq 1600 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

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

System Description: 25% REDUCTION

Repair System Description: PUMP PROPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

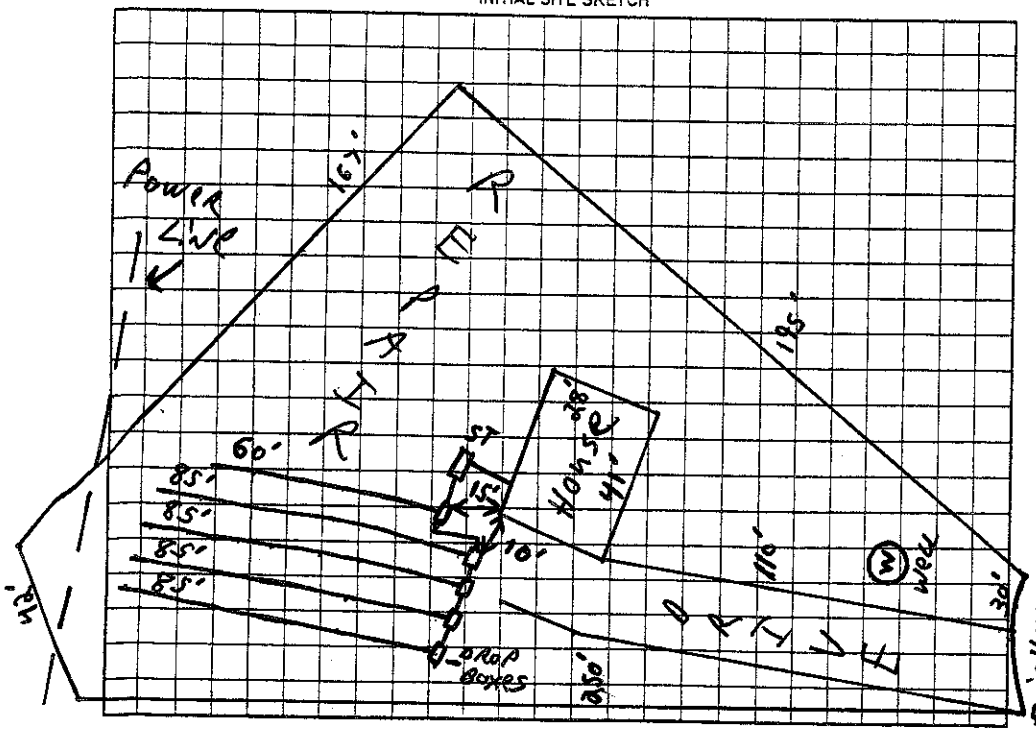
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.

Comments:/Conditions: Filter installed
Well not installed at time of inspection

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 for Drainfield
Installed essentially as Drawn

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 2/20/06 Installed by: Specialty Septic RS

Improvement Permit by: _____ date 2/17/06 Operation Permit by: _____ date 5/16/06

Authorization to Construct by: _____ date 2/17/06 Existing System Inspection by: _____ date _____

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