IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137835 PIN# 4774-25-8194 DATE 09/13/06

OWNER OR APPLICANT DEREK OSBORNE BLDRS. INC. PHONE: Business 704-902-3084 Home 704-592-2604

ADDRESS P.O. BOX 1783 STATESVILLE, NC 28687

LOCATION HWY 64 EAST, (R) NEW SALEM RD., LOT ON LEFT

SUBDIVISION NEW SALEM EST. BLOCK / SECTION III LOT 22 LOT AREA 0.75 ACRE SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. 0.256 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1007 Date 7-7-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ELR to 1920 Linear Feet 320'

No Lines 8 @ 40' Trench Width 24" Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 50% REDUCTION, GRAVITY

Repair System Description: 50% REDUC., LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

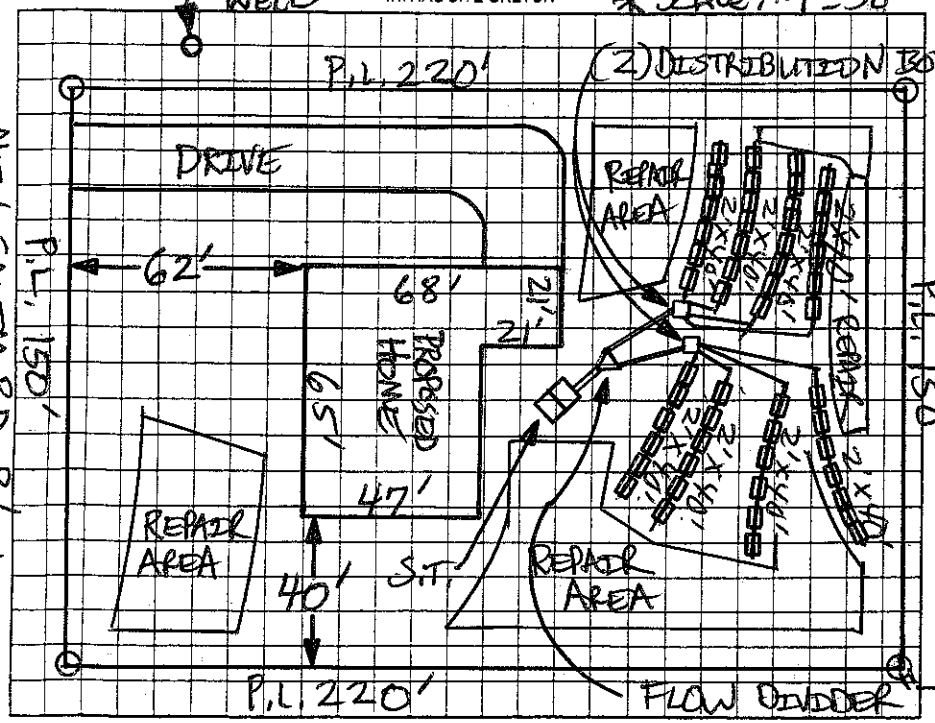
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: (1) USE 36" TRENCH BOTTOM DEPTH.

Comments/Conditions:

INITIAL SITE SKETCH *SCALE: 1"=50'



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 _____

Improvement Permit by: _____ date 09/13/06

Authorization to Construct by: _____ date 09/13/06

Installed by: Welborn's Grading

Operation Permit by: _____ date 1-26-07

Existing System Inspection by: _____ date _____

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