IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126111 PIN# 4803-78-6311 DATE 3-11-05

OWNER OR CONTRACTOR MIKE BICIO PHONE: Business (704) 592-2115 Home

ADDRESS 311 OAK HOLLOW RD. STATESVILLE NC 28625

LOCATION HWY 115 N TL LINNEYS MILL RD TR OAK HOLLOW RD PAST POLE BARN ON LT.

SUBDIVISION OAK HOLLOW BLOCK / SECTION LOT 3 LOT AREA 1.493 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1000 Date ~~Rec'd 1-10~~

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: LP PANEL 50% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

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

Water Supply: ☑ Individual ☐ Public ☐ Community

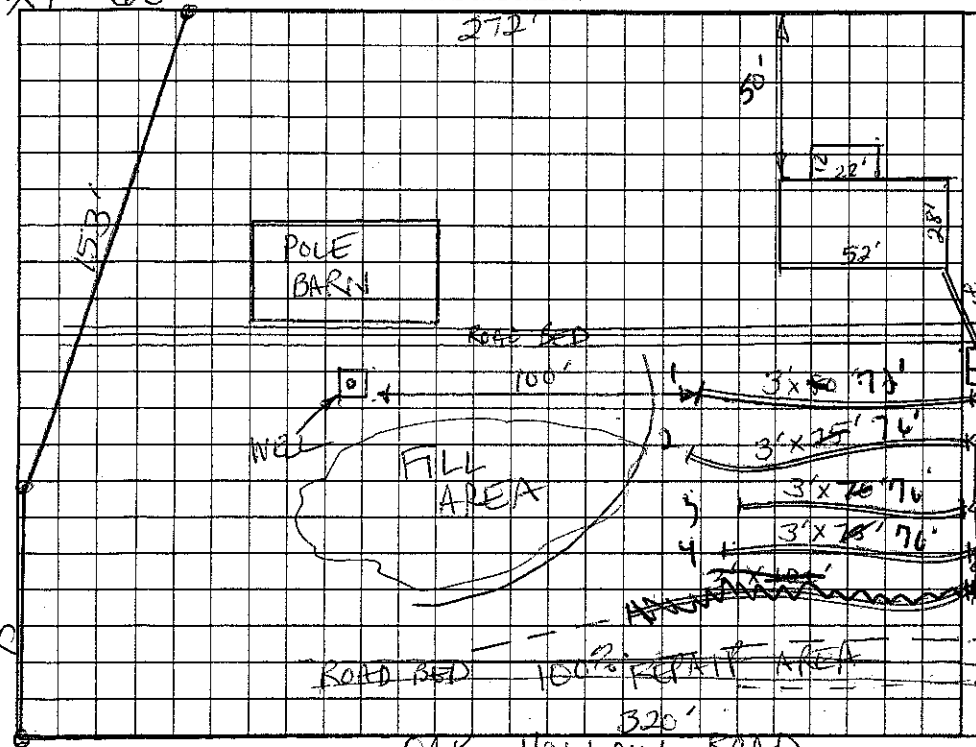
Comments:/Conditions (1) INSTALL ON CONTOUR

(2) MAINTAIN SETBACKS

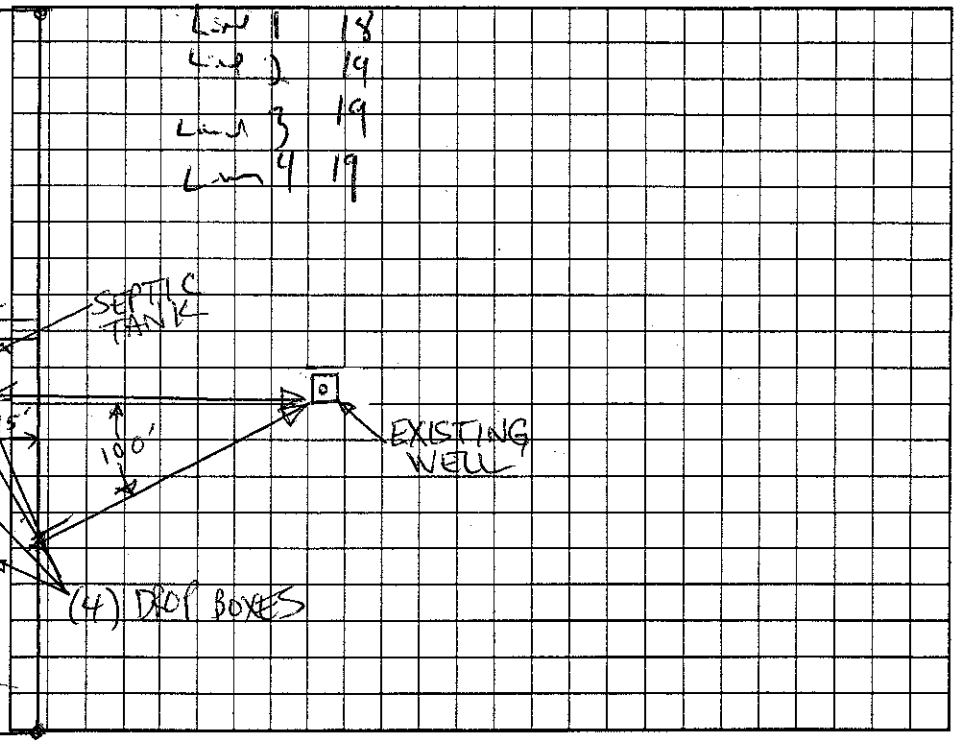
Comments:/Conditions:

Installed as Inf: Humus Quick 4 Poly Lock Filter

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: Michael F Bicio date 2-14-05

Improvement Permit by: Christopher M Sherrill RS, LSS date 3-11-05

Authorization to Construct by: Christopher M Sherrill RS, LSS date 3-11-05

Installed by: Kelly w/ Brown

Operation Permit by: , R.S. date 19 JAN. 2010

Existing System Inspection by: date

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