IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12171 PIN# 4832-33-2345 2380460 DATE 7/15/04

OWNER OR CONTRACTOR Derek Osborne PHONE: Business (704) 902-3084 Home (704) 872-7482

ADDRESS PO Box 1783 Statesville, NC 28687

LOCATION 77N (L) TOMLIN MILL (L) JENNINGS (R) FRIENDSHIP (R) MYERS MILL PAST GOFORTH ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.0 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 13-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines 6 Trench Width 36" Max Trench Bottom Depth 33" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: LP PANEL 50% RED
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: ① INSTALL LINES 33" ON CONTOUR
② MAINTAIN ALL SETBACKS

Comments:/Conditions:
Black Topped Septic tank made

EXISTING WELL

INITIAL SITE SKETCH

SCALE 1"=50'

Installed - Can be covered - Repair area is Problem

Initial - Soil eval good

AS BUILT SKETCH

(5) DROP BOXES

72x75 HOUSE SITE

REPAIR AREA 100'x12'

Removed 10 of Dirt from Trench

PL. 460.14'

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: Derek Osborne date 7-15-4 Installed by: Wellborn Carolina

Improvement Permit by: Christopher M Shirell date 7-15-04 Operation Permit by: Kelly Cook date 7-7-06

Authorization to Construct by: Christopher M Shirell date 8-2-04 Existing System Inspection by: _____ date _____

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