IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118802 PIN# 4860-64-5422 DATE 3/8/04

OWNER OR CONTRACTOR A-1 BUILDERS LLC PHONE: Business 704-881-1083 Home 704-507-9693

ADDRESS PO BOX 6723 STATESVILLE 28687

LOCATION 21N (L) TABOR (R) VALLEY SPRINGS 2ND LOT ON (L)

SUBDIVISION HOLLY RIDGE BLOCK / SECTION 2 LOT 32 LOT AREA .73 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 225 Date 4-17-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ 1200 Linear Feet 300
No Lines 5 Trench Width ~~36~~ Max Trench Bottom Depth 24

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: PUMP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

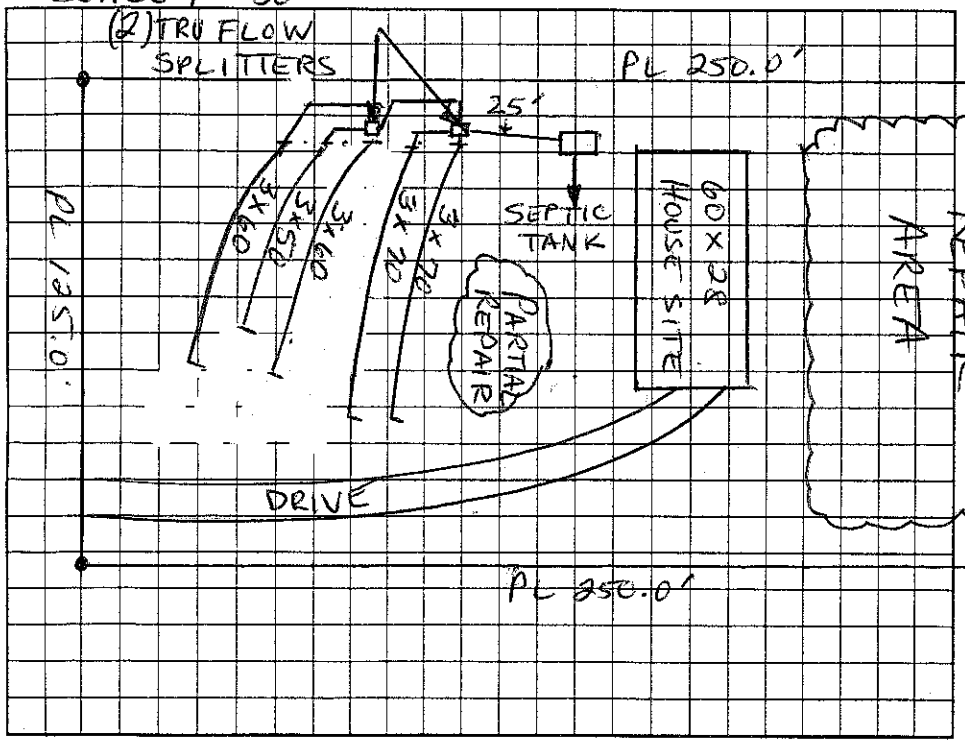
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

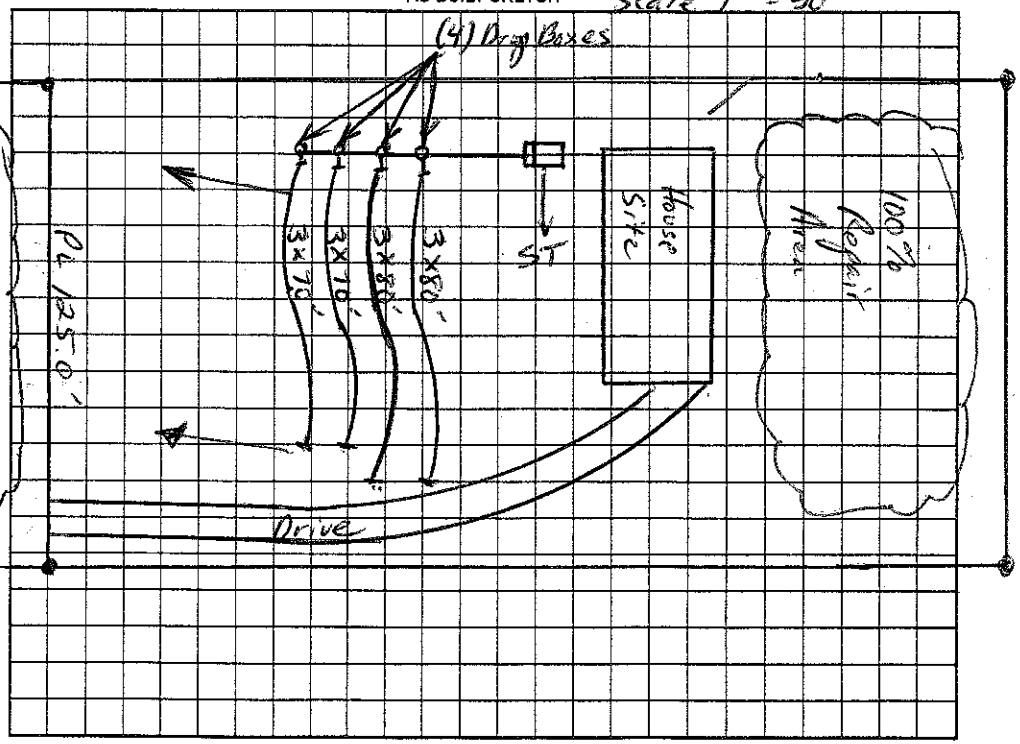
Comments:/Conditions: ① MAINTAIN SETBACKS
② INSTALL LINES ON CONTOUR

Comments:/Conditions: ① Blue Polylok filter ② E-Z Flow
③ Installed according to "As-Built" Sketch

SCALE 1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH Scale 1" = 50'



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: [signature] date ____ Installed by: Andy Daniels

Improvement Permit by: Christopher M. Shirley RS date 3-8-04 Operation Permit by: Christopher M. Shirley RS date 6-24-04

Authorization to Construct by: Christopher M. Shirley RS date 3-8-04 Existing System Inspection by: ____ date ____

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