IREDELL COUNTY HEALTH DEPARTMENT

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

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

(V)

PERMIT# 135626 PIN# 4860-64-6258 DATE 5-24-06

OWNER OR APPLICANT HILLYARD, INC PHONE: Business Home 704-546-7384

ADDRESS 89 VALLEY SPRINGS DR, OLIN, NC 28660

LOCATION 452 NORTH, TL TABOR ROAD, TR VALLEY SPRINGS, 3RD LOT ON LEFT

SUBDIVISION HOLLY RIDGE BLOCK / SECTION II LOT 33 LOT AREA 125'x250 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 4-12-06

Pump Tank: Gallons; PT Date

Pump Make: Model EQUIP 1200 Serial No.

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 300

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

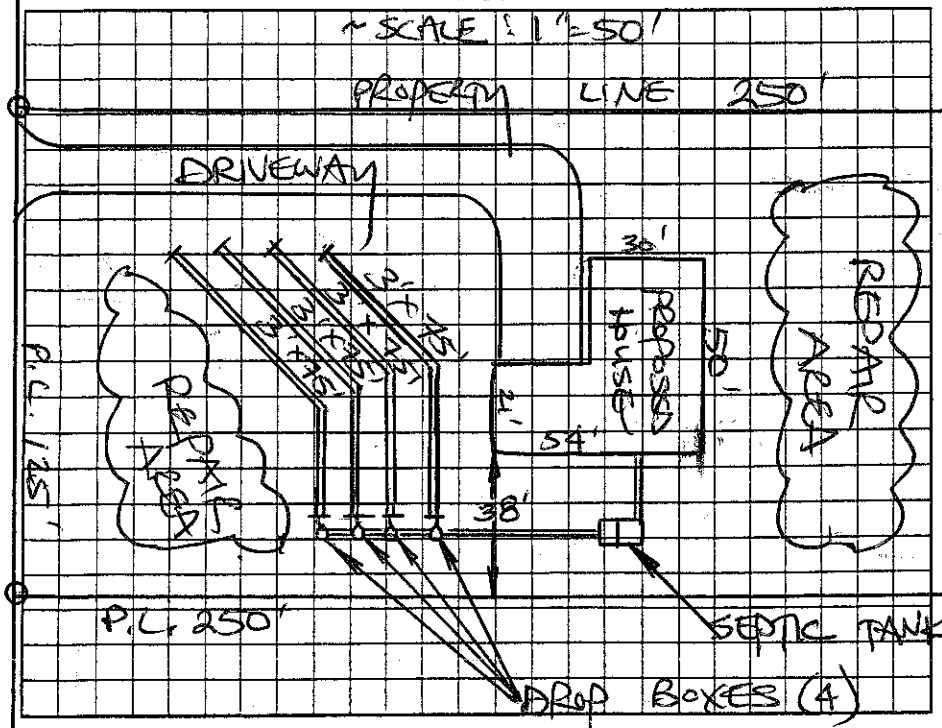
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN

Comments:/Conditions: Polylok Red filter No riser No S/T marker

INITIAL SITE SKETCH



AS BUILT SKETCH

VALLEY SPRINGS ROAD

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 5-24-06

Improvement Permit by: STEVE HEDRICK date 5-24-06

Authorization to Construct by: STEVE HEDRICK date 5-24-06

Installed by: Brent Gallimore

Operation Permit by: [signature] date 9/11/06

Existing System Inspection by: date

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