IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 7-14-2005

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

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

PERMIT# 129852 PIN# 4870 -57-4821 DATE 1-3-06

OWNER OR CONTRACTOR DOLLAR GENERAL PHONE: Business 704-663-5270 Home 704-202-8491

ADDRESS C/O P.O. BOX 1067, MOORESVILLE, NC 28115

LOCATION US 21 NORTH, 2ND LOT ON LEFT PAST NC 901 AT BOX # 3345

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA ~135' x 480' SITE CLASS. PS DESIGN FLOW 720 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 800 MIN Gallons; STB 7 Date 7-25-05

Pump Tank: 800 MIN Gallons; PT 142 Date 4-19-05

Pump Make: ZOELLER Model N-98 EQ. TO 2400 Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 600

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

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

System Description: 25% REDUCTION, PUMP

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☑ Business No. Employees ____

☐ Other RETAIL @ 9100 FT²

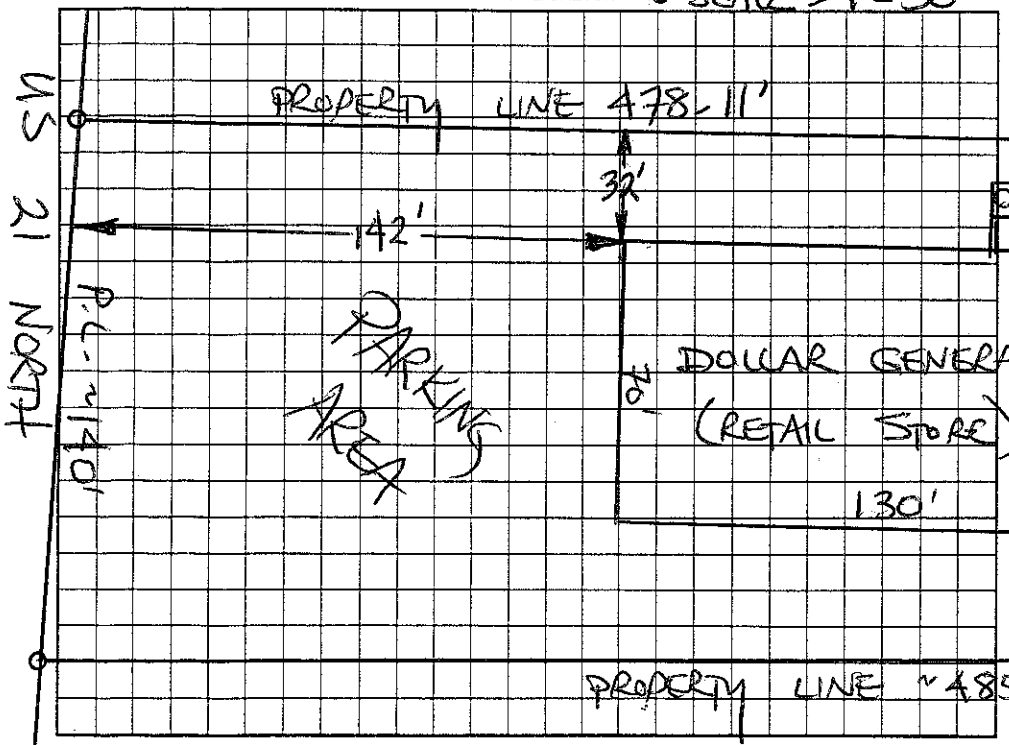
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

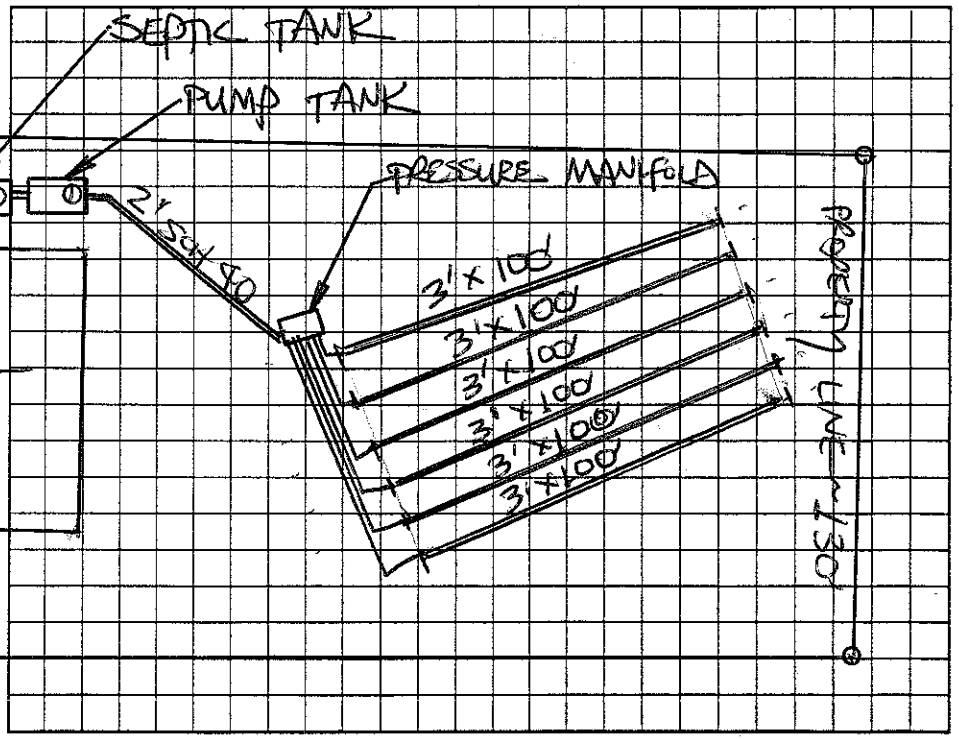
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN. SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS AND FOR FLOW REDUCTION DATA (TRISH ANGIOLILLO, PE)

Comments:/Conditions: SYSTEM INSTALLED DURING PERIOD OF EXTREME WET SOIL 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 ____ Installed by: JOE THOMPSON

Improvement Permit by: STEVE HEDRICK date 1-3-06 Operation Permit by: STEVE HEDRICK date 2-10-06

Authorization to Construct by: STEVE HEDRICK date 1-3-06 Existing System Inspection by: ____ date ____

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