IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115640 PIN# 4625-01-0386 DATE 3/30/09

OWNER OR CONTRACTOR Lori Cahoon PHONE: Business _____ Home 704-892-6338

ADDRESS 18419 Dembridge Dr. Davidson NC 28036

LOCATION BSR, TR Stone Marker, on Rt Before Fawn Ln #388

SUBDIVISION CLT BLOCK / SECTION 6 LOT 100 LOT AREA 0.94 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: ~~1000~~ 1250 Gallons; STB Existing Date _____

Pump Tank: ~~1000~~ 1250 Gallons; PT Existing Date _____

Pump Make: Gould's Model WE0712 ~~HH~~ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 225 Linear Feet 75' Add.

No Lines 1 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block Add'tn

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ___

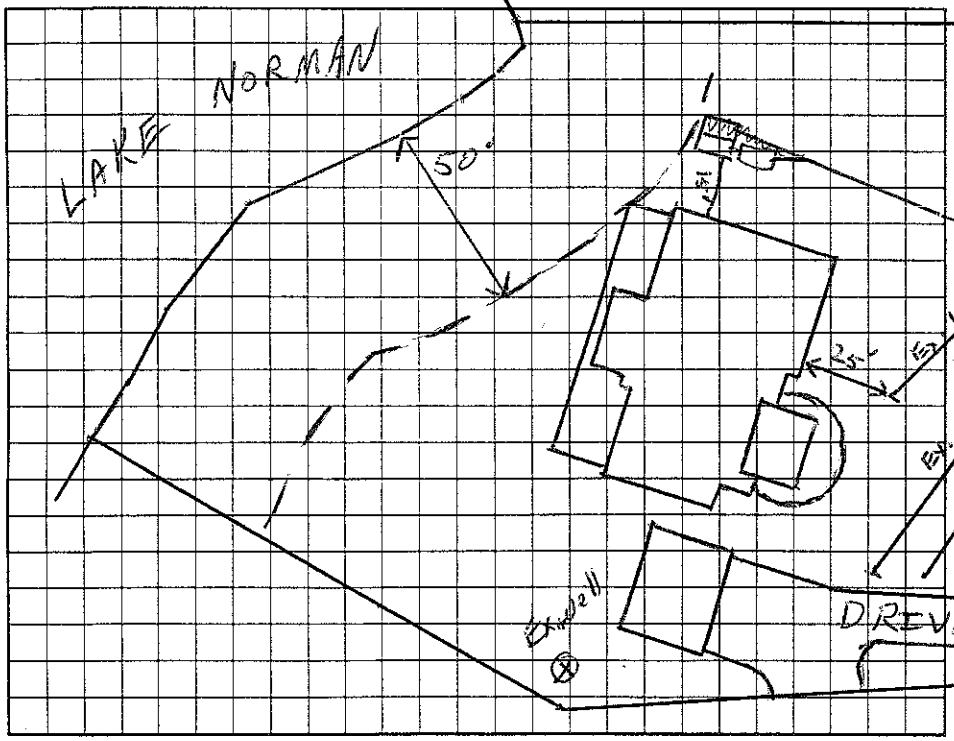
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: * Existing Line need to be shorten for Driveway + basement setback. An Earthen Dam will need to be packed in Ditch to prevent bleed Through.

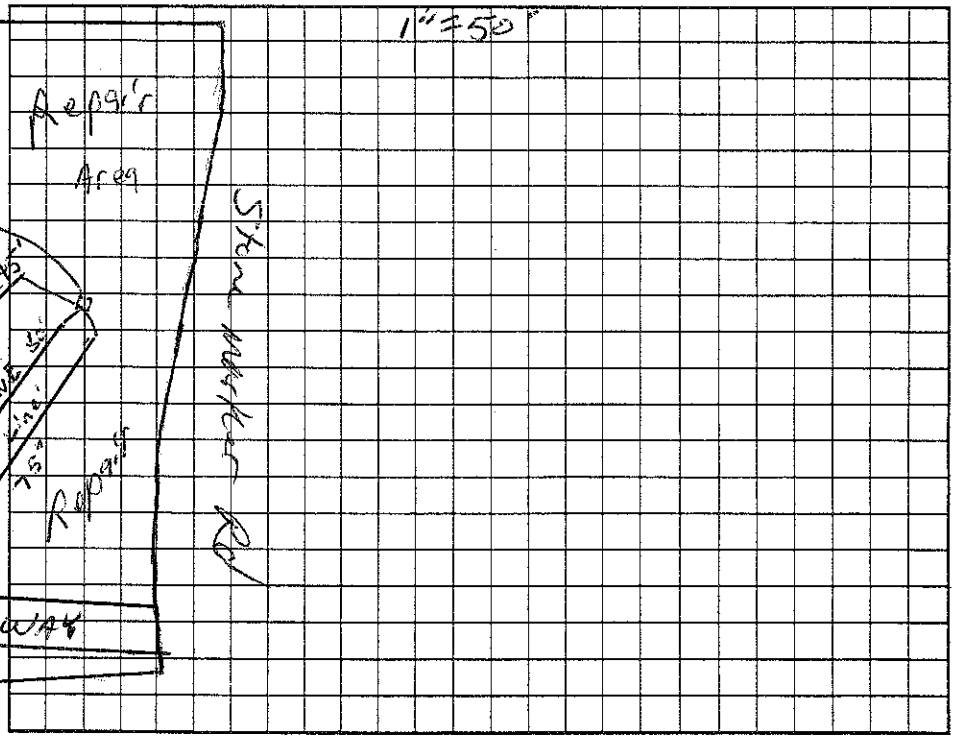
Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

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: L. A. Cahoon Neill date 8/30/04

Improvement Permit by: _____ RS date 3/30/09

Authorization to Construct by: _____ RS date 3/30/09

Installed by: Tommy Frye

Operation Permit by: _____ RS date 5/23/06

Existing System Inspection by: _____ date _____

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