4635-39-4336 $80.00 Paid 278-0706

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075217 PIN# 4636307807 PT Mark 278-0706 DATE 5/10/04

OWNER OR CONTRACTOR Mark Doll / Doll Enterprises PHONE: Business 704 202-5340 Home 202 5349

ADDRESS P.O. Box 618 / Mt. Ulla, NC 28125

LOCATION Brawley School Road TL Isle of Pines TL Lake Hills Dr TR on Cabana lot on left

SUBDIVISION Lake Hills Estates BLOCK / SECTION 1 LOT 9 LOT AREA .70 Acre SITE CLASS. P5 DESIGN FLOW ~~330~~ 450 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 824 Date 3/1/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model 1200 Serial No. 400
Nitrification Field: No. Fields 1 Square Feet ~~900~~ Linear Feet ~~300~~
No Lines 14 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity – 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms ~~3~~ 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

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

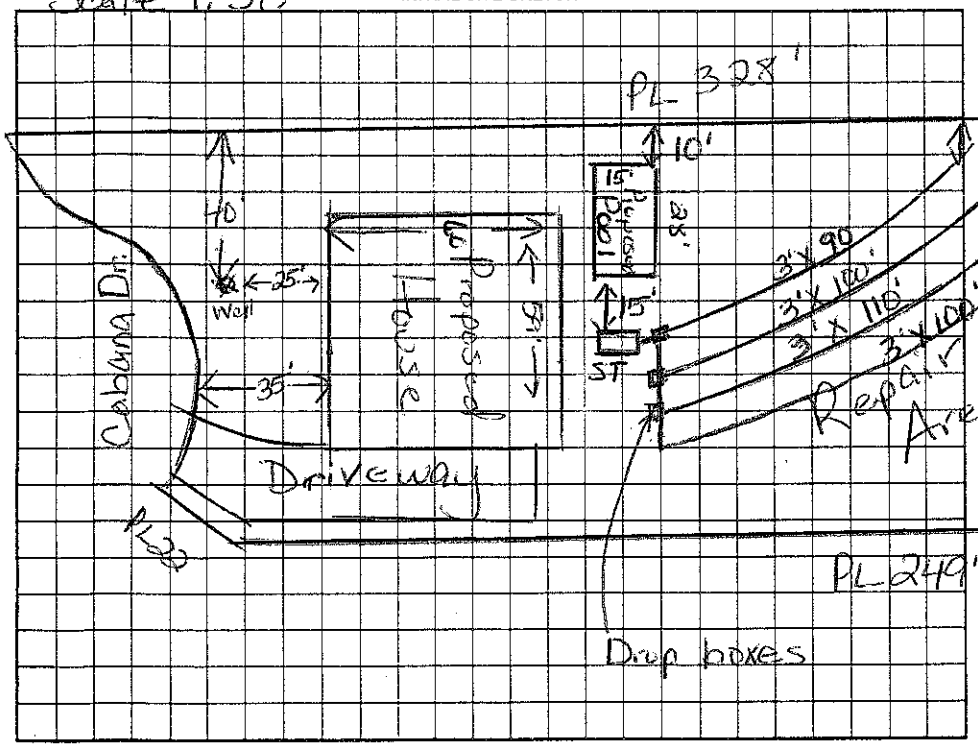
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 15' from Pool

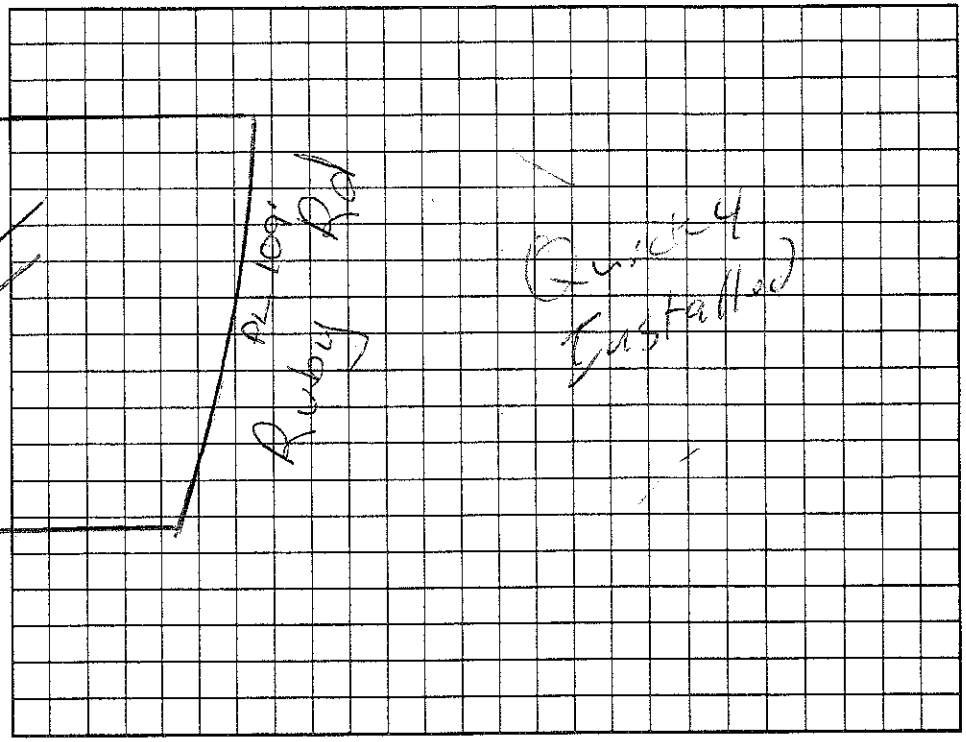
Comments:/Conditions:

Scale 1:50

INITIAL SITE SKETCH



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: Jane M. Doll date 5/12/04 Installed by: Rowan Septic

Improvement Permit by: Maria H. Dolan RS date 5/10/04 Operation Permit by: RS date 4/25/05

Authorization to Construct by: Maria H. Dolan RS date 5/10/04 Existing System Inspection by: ____ date ____

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