IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# ~~07-5015~~ 117906 PIN# ~~4636-30-7807~~ 4635-39-4609 DATE 11/17/03

OWNER OR CONTRACTOR MARK DOLL PHONE: Business 202-5348 Home

ADDRESS UMBERGER RD CLEVELAND NC 27013

LOCATION BRAWLEY SCHOOL - TL ISLE OF PINES - TL LAKE HILLS DR. + JUST PAST INTERSECTION W/ CABANA DR.

SUBDIVISION LAKE HILLS ESTATES BLOCK / SECTION I LOT 7 LOT AREA .694AC SITE CLASS PS DESIGN FLOW 450GPD L.T.A.R. .36GPD/ft²

Septic Tank: 1000 Gallons; STB 825 Date 12/1/04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' 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: GRAVITY 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

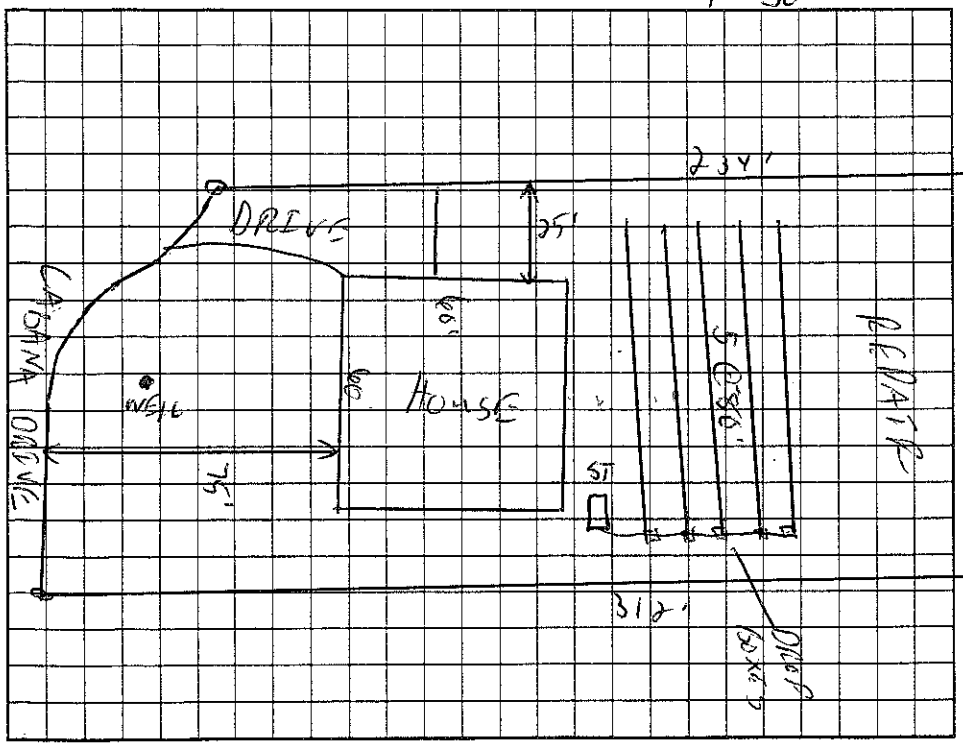
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

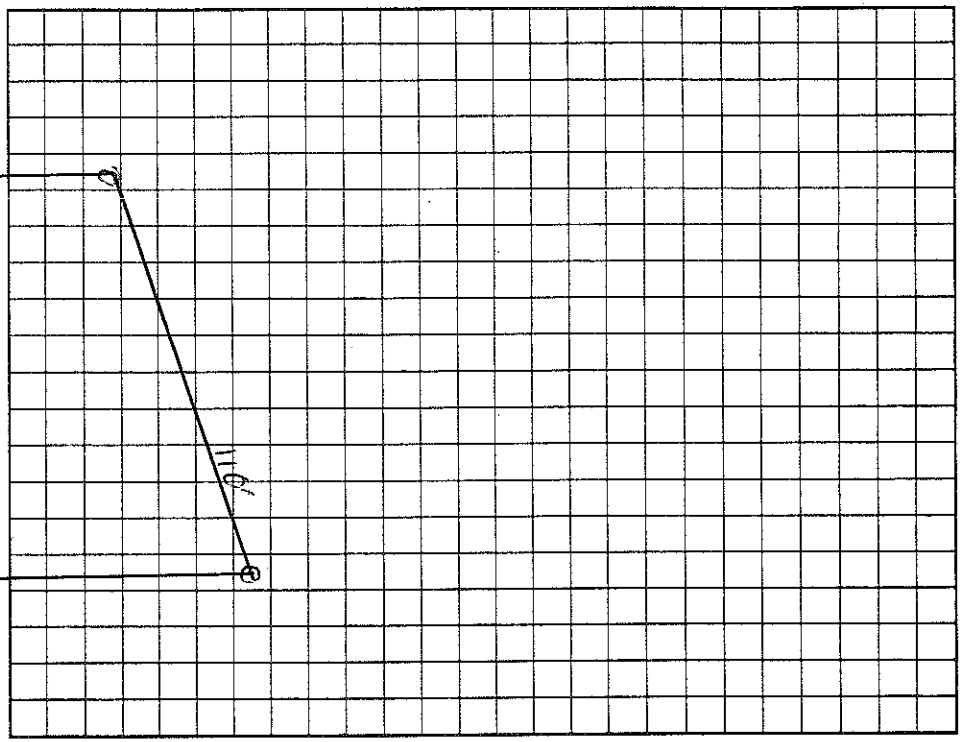
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 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 11/18/03 Installed by: Rowan Septic

Improvement Permit by: C. Hyatt RS date 11/17/03 Operation Permit by: ____ RS date 4/15/04

Authorization to Construct by: C. Hyatt RS date 11/17/03 Existing System Inspection by: ____ date ____

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