IREDELL COUNTY HEALTH DEPARTMENT

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

2100

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

PERMIT# 123163 PIN# 4636-52-2929 DATE 9/7/04

OWNER OR CONTRACTOR L. Shawn Ogden Const. LLC PHONE: Business 704 309 6810 Home 704 662-3531

ADDRESS PO Box 1281 Davidson NC 28036

LOCATION BSR, TL Stutts, TR Poinsetta, on Lt on Corner W/ Palmetto

SUBDIVISION Stutts Cove BLOCK / SECTION 2 LOT 9 LOT AREA 0.82AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 3-1-05
Pump Tank: 1000 Gallons; PT 283 Date 2-23-05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

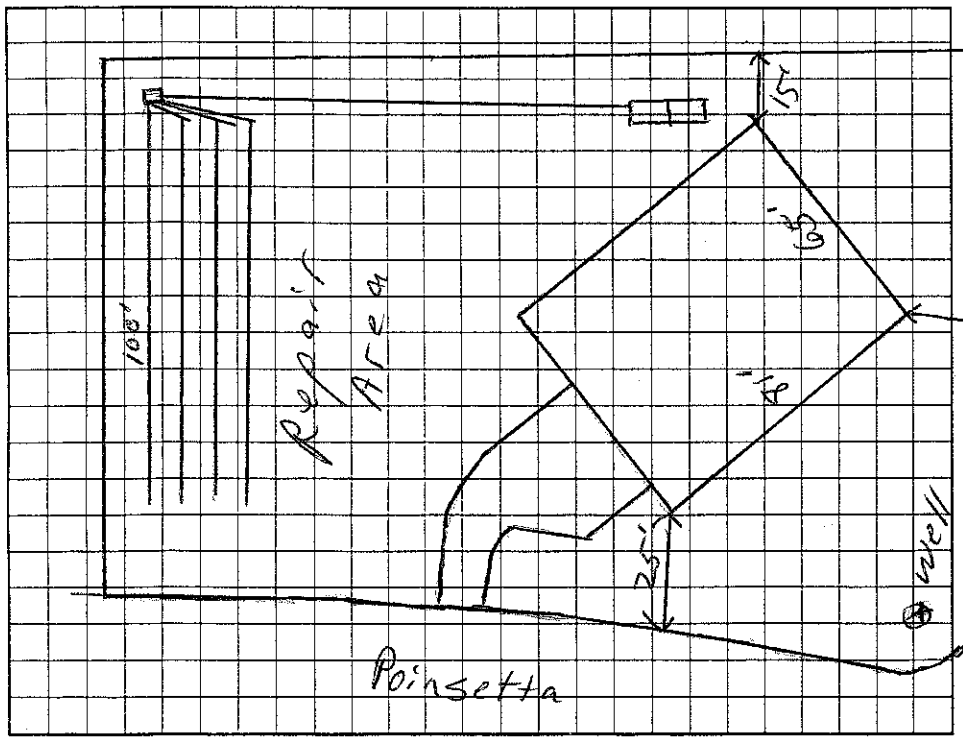
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions: Checked tanks 4/6/05
Checked pressure 6/22/05 MD

INITIAL SITE SKETCH



AS BUILT SKETCH

Checked lines 4/6/05
Used "Plastic Chambers"
installed as Drawn

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. Shawn Ogden date 9-7-04

Improvement Permit by: RS date 9/7/04

Authorization to Construct by: RS date 9/7/04

Installed by: Richard Abernathy RS

Operation Permit by: Maria Dalton date 6/28/05

Existing System Inspection by: _____ date _____

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