IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112123 PIN# 4655 45 6597 DATE 10/10/03

OWNER OR CONTRACTOR Bob Doster PHONE: Business 704-786-7096 Home

ADDRESS 2919 Trinity Church Rd. Concord, NC 28026

LOCATION 1155 TC Faith Rd. on R just past Midway Lake Rd.

SUBDIVISION Faith Crossing BLOCK / SECTION ____ LOT 2 LOT AREA 1.102 AC SITE CLASS. PS DESIGN FLOW 720 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 10/3/03

Pump Tank: 1500 Gallons; PT 338 Date 9/27/03

Pump Make: Goulds Model 191 WE0-5HH Serial No. C033 1155

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640

No Lines 8@80' Trench Width 3' Max Trench Bottom Depth 3 Gravel Depth NA

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

System Description: Pres. Manifold to 25% Reduced

Repair System Description: Pressure to 16" PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☒ Other Duplex / 380 Per Apt.

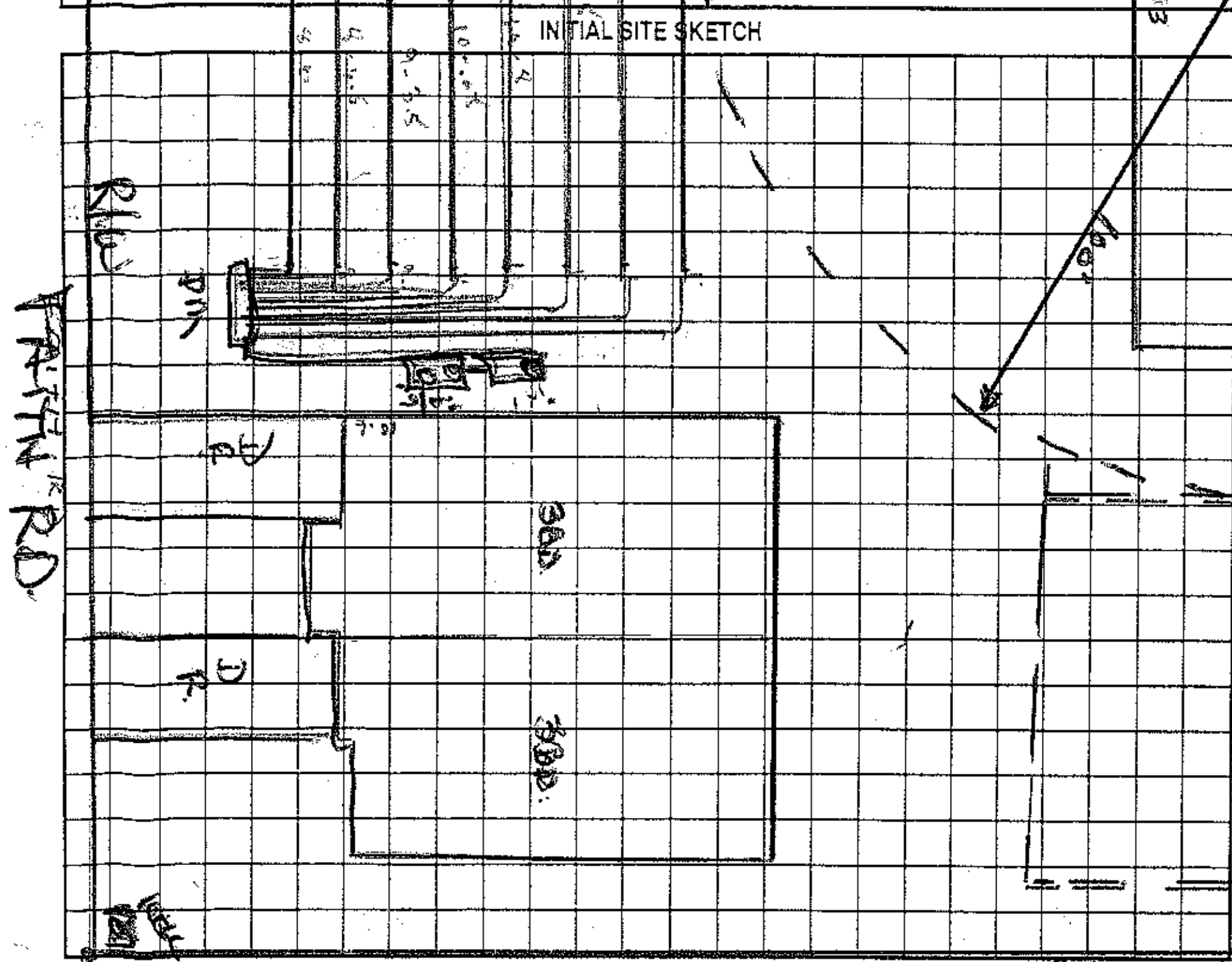
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

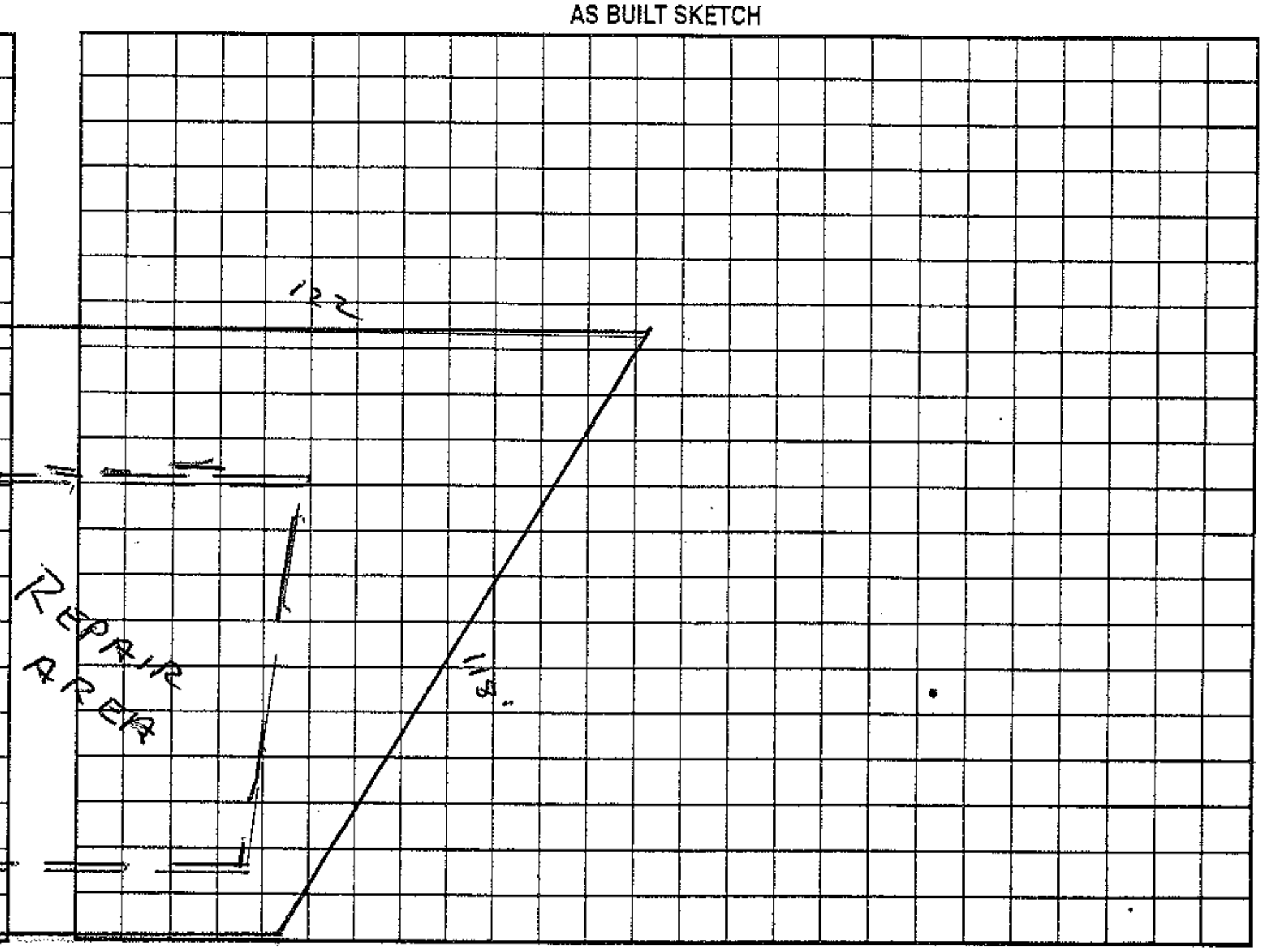
Comments:/Conditions:

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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: ______________ date ______ Installed by: F J Erwin

Improvement Permit by: ______________ date ______ Operation Permit by: Wesley Sparks RS date 12/12/03

Authorization to Construct by: ______________ date ______ Existing System Inspection by: ______________ date ______

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