Pd $350.00 5/1/08

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14279 PIN# 4659670162 DATE 4-30-08

OWNER OR APPLICANT Cobble Creek PHONE: Business 8282414150 (Cell) Home 369-9856

ADDRESS 1658 Maggie St

LOCATION Hwy 115 N TR Shepherds Rd TL Shepherds Bluff Dr Cross Creek on right.

SUBDIVISION Shepherd's Bluff BLOCK / SECTION 4 LOT 20 LOT AREA .46 Acre SITE CLASS DS DESIGN FLOW 360 L.T.A.R. .35 per original plan

Septic Tank: 1000 Gallons: ST8 1012 Date 10-12-07
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 804 Linear Feet 268'
No Lines 4@67' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI (Type II)
System Description: Gravity -- 25% Reduction
Repair System Description: Pump - Panel Blk
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

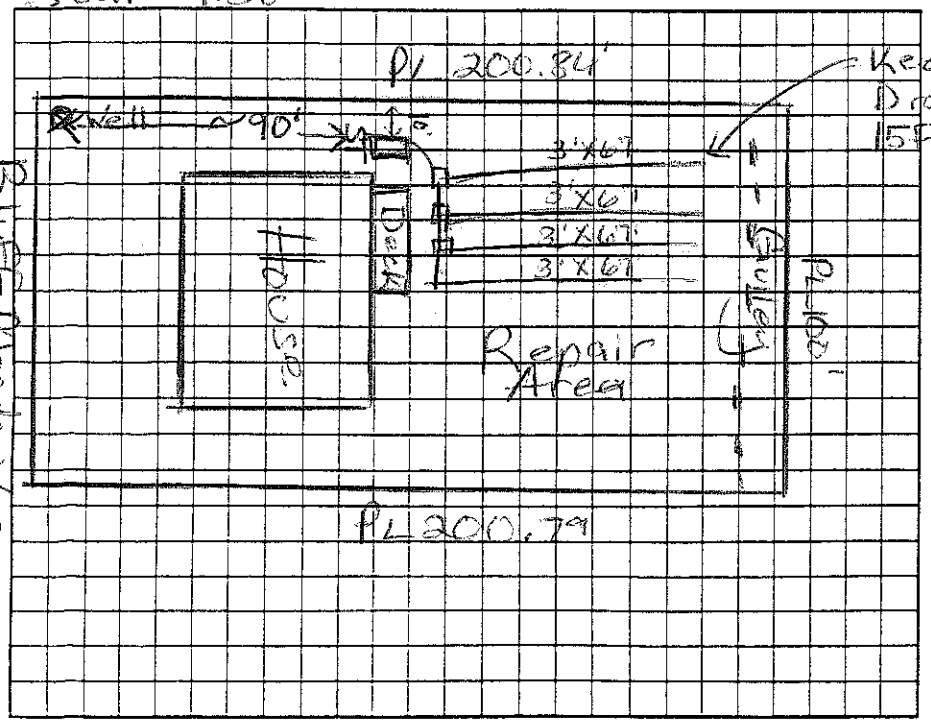
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: This replaces previous permit dated 6/7/07. Okay to end feed if using "Quick 4".

Comments/Conditions: Keep Drainfield 100ft from well

Scale 1:50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn
Note: 2 lower lines slightly longer
Used Quick 4

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 ____

Improvement Permit by: Maria H. Dolson RS date 4/30/08

Authorization to Construct by: Maria H. Dolson RS date 4/30/08

Installed by: Steve Tadlock RS

Operation Permit by: Maria H. Dolson date 5/1/08

Existing System Inspection by: ____ date ____

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