@ See permit #163967 for attached garage addition.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151830 PIN# 4703-37-4057 DATE 1 August 08

OWNER OR APPLICANT H. W. Dagenhart PHONE: Business _____ Home 704 873-2645

ADDRESS 748 Stony Camp Statesville, N.C.

LOCATION I-40W - TL Old Mt. Mt. Rd. TR Mock Mill Rd. TL Dagenhart Farm Rd. ½ mile on left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.568 ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 5-6-08

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ≈ 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I ☐ II ☐ III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth _____ ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

Follow contour / Honor all setback requirements.

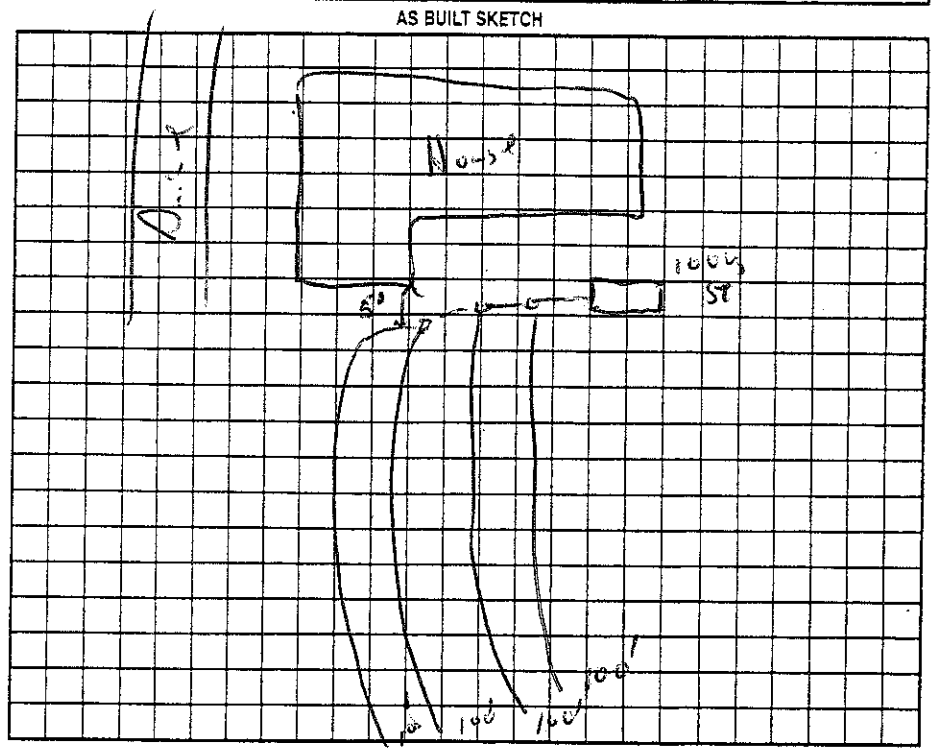
Comments/Conditions:

Tuff-Tite Fill

INITIAL SITE SKETCH

Please see Attached Layout

AS BUILT SKETCH



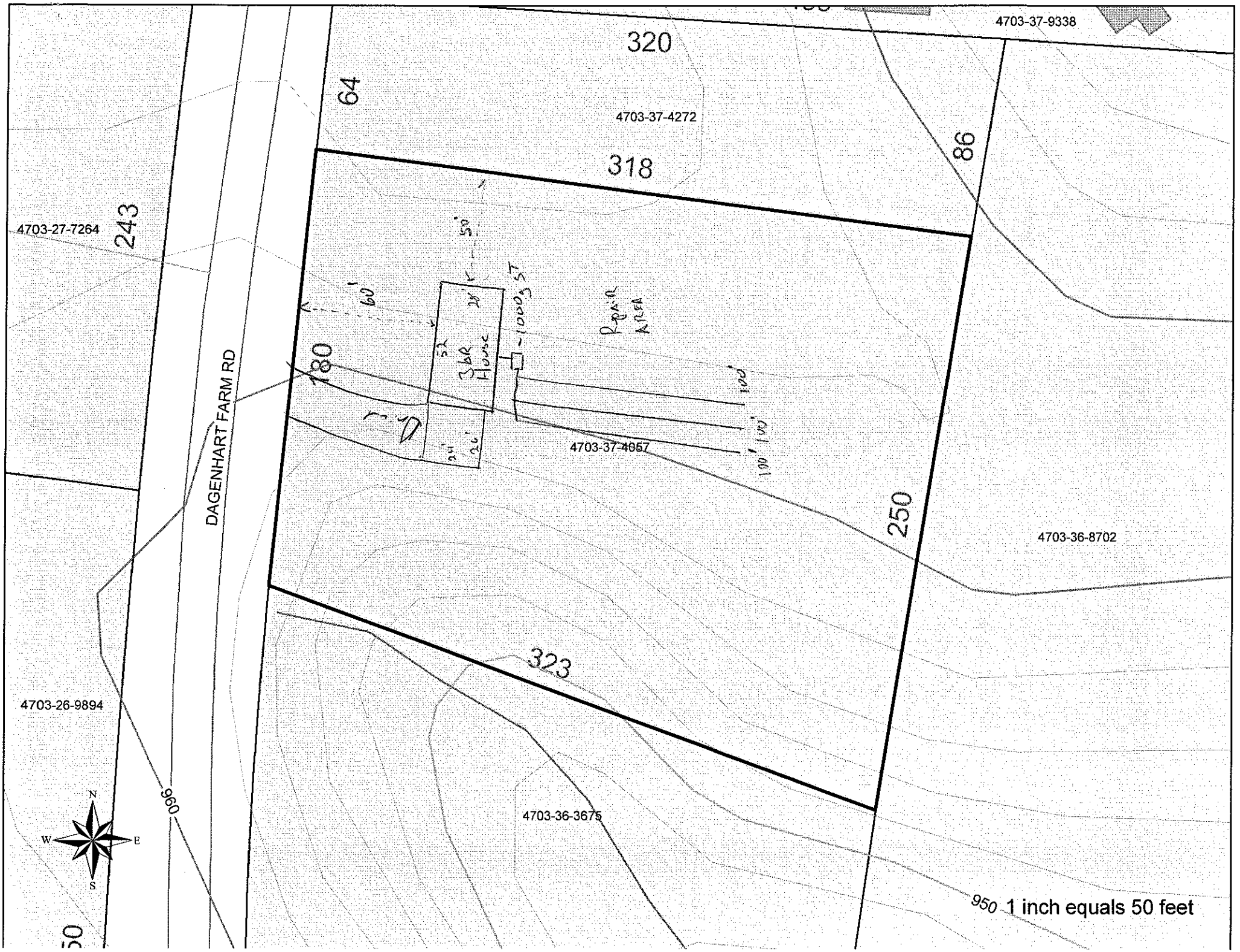
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: H. Wayne Dagenhart date 8-4-08 Installed by: H. Wayne Dagenhart

Improvement Permit by: _____, R.S. date 1 Aug. 08 Operation Permit by: _____, R.S. date 28 Oct. 08

Authorization to Construct by: _____, R.S. date 3 Sept. 08 Existing System Inspection by: _____ date _____

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


4703-37-9338
320
64
4703-37-4272
318
86
4703-27-7264
243
DAGENHART FARM RD
180
60'
50'
28'
3BR House
-1000 SF
Paved Area
100'
100' (Vac)
4703-37-4057
250
4703-36-8702
323
4703-26-9894
960
4703-36-3675
950
N
W
E
S
1 inch equals 50 feet