IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c) MOORESVILLE 704-664-5281

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

(c) PERMIT# ~~EO-2-11-07~~ 14798 PIN# 4752 40 2812 DATE 1-14-08

OWNER OR APPLICANT Ronnie Dunford PHONE: Business 704-450-3805 Home

ADDRESS 247 OLD MOUNTAIN ROAD Statesville NC 28677

LOCATION 21 SOUTH (R) CORR (L) 2 HOUSES BLF SOUTH IREDELL High School Behind Single WIDE Mobile Home

SUBDIVISION BLOCK / SECTION LOT LOT AREA .751 AC SITE CLASS. DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 760 Date 9/10/07
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet EQ=1440 Linear Feet 1440
No Lines 5 Trench Width 36" Max Trench Bottom Depth ~~21"~~ 18" Travel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 60% RED 2540 REDUCTION
Repair System Description: UP SO. 1. REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments./Conditions: (1) Note MAXIMUM TRENCH BOTTOM 21" (2) System, House, P/L FLAGGED OUT completely (3) MAINTAIN SETBACKS

Comments:/Conditions:

Rec Filter

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK, R.S.

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: Ronnie Dunford date 1-14-08

Improvement Permit by: [signature] RS date 1-14-08

Authorization to Construct by: [signature] LCB date 1-14-08

Installed by: Kenny Madison

Operation Permit by: [signature] date 1/16/08

Existing System Inspection by: date

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

Trustmen Permit # 100-2-11-07

Pin # 4732 40 2812

