IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107123 PIN# 4735-59-5708 DATE 7/9/02

OWNER OR CONTRACTOR Donavan Campbell PHONE: Business — Home (704) 880-2942

ADDRESS 5137 Wilkesboro Hwy Statesville N.C. 28625

LOCATION 115 N @ Christy Ford Rd, on Right before Ford Dobbs Road

SUBDIVISION Dobbs View BLOCK / SECTION — LOT 10 LOT AREA .78 Ac. SITE CLASS. 85 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 1-21-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Eqn to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 300'
No Lines 6 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Gravity, Pump/50% Red.
Maintenance Agreement Required: ☐ Yes ☐ No

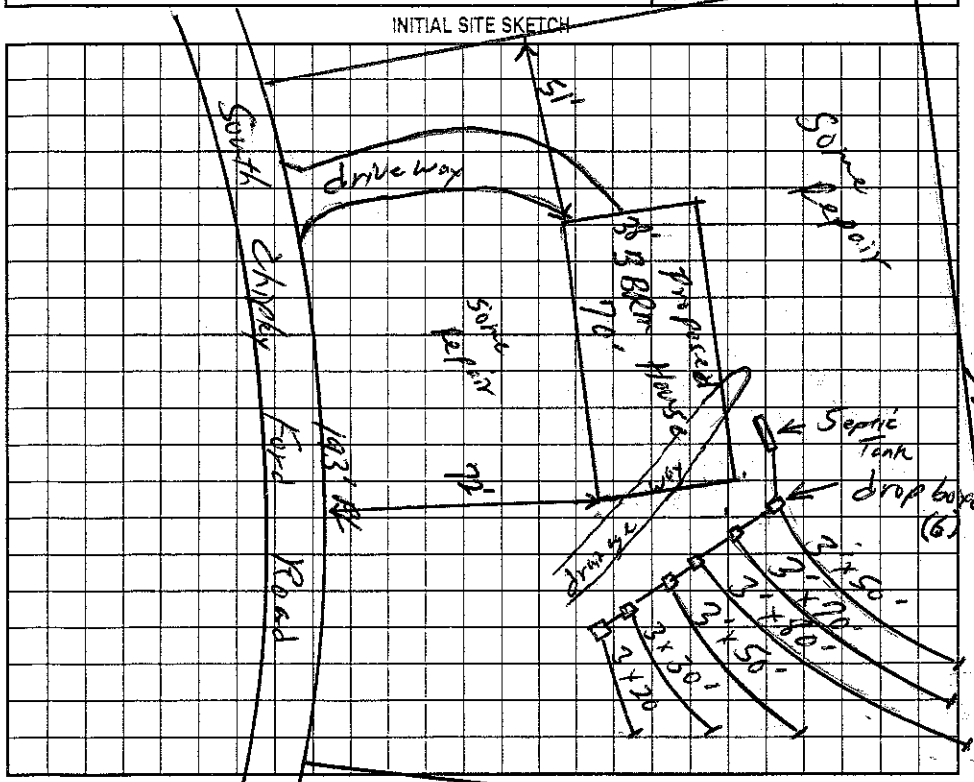
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

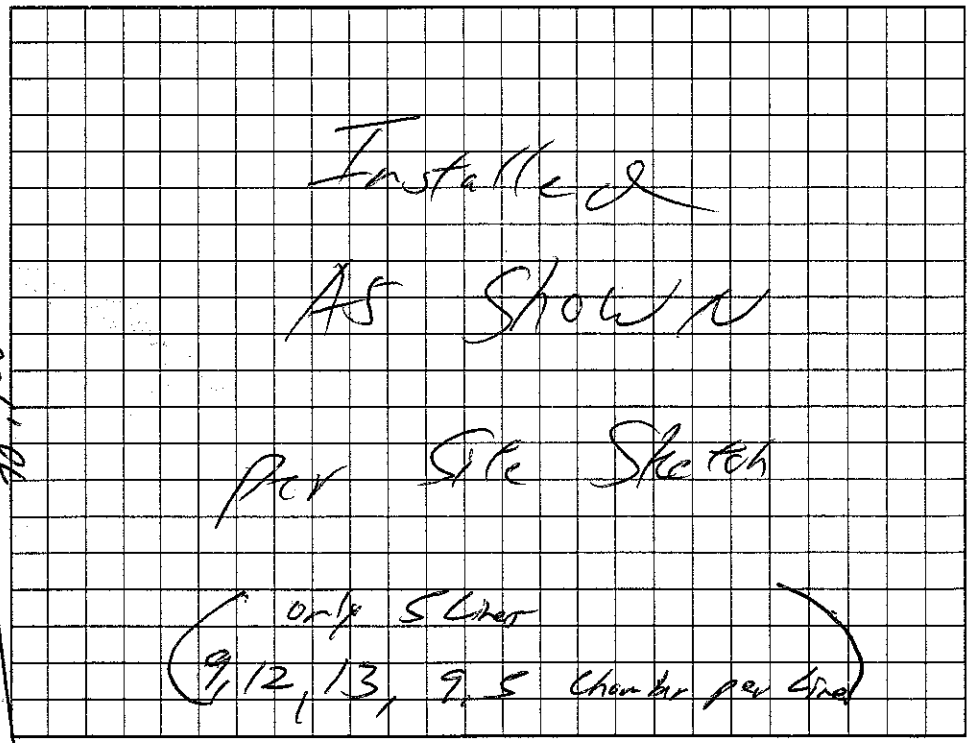
Comments:/Conditions: ① Install Lines on Contour ② Maintain proper setbacks

Comments:/Conditions:
- ST marker & Tuff T. Fe Filter Installed
- 58 Chambers Installed — Infiltrator

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: [signature] date 7-12-02 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 7/9/02 Operation Permit by: William O. Johnson date 7/25/03

Authorization to Construct by: William O. Johnson date 7/9/02 Existing System Inspection by: ____ date ____

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