IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 159427 PIN # 4735699726 DATE 12-31-09

OWNER or APPLICANT Terrie L. Powell PHONE: Business 704 402 4796 Home:

OWNER or APPLICANT ADDRESS 441 Jennings Rd.

LOCATION / DIRECTIONS 472 Fort Dobbs Rd.

SUBDIVISION Dobbs Valley I BLOCK / SECTION 2 LOT # 24 LOT AREA 1.77 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1007 Date 2-21-11

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 3 Linear Feet 300

Trench Width 36 Max. Trench Bottom Depth 36 Gravel Depth n/a

☒ New System ☐ Repair ☐ Expansion System Type I (III) III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons ____ ☐ Other No. Employees ____

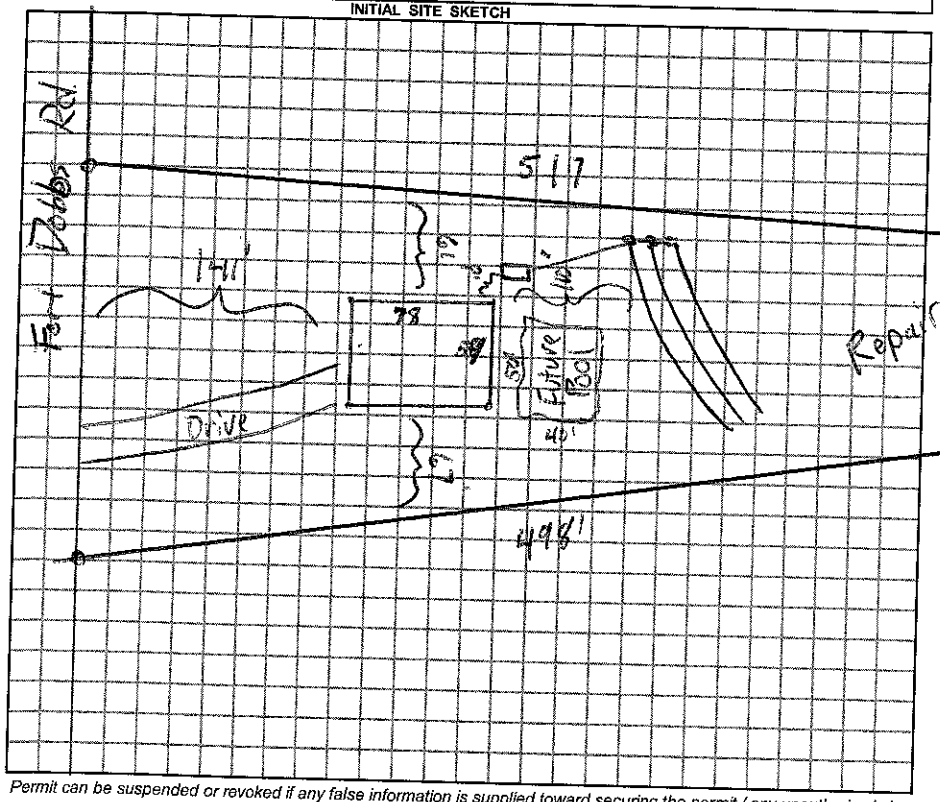
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

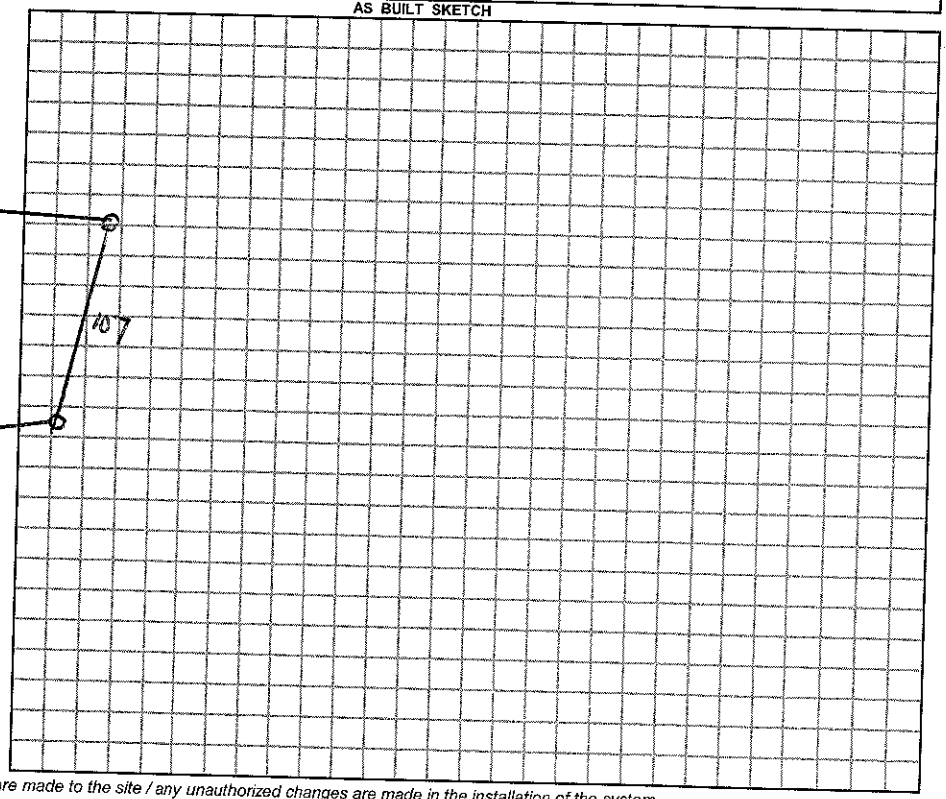
Comments / Conditions

Comments / Conditions

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 w / plan valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Terrie L Powell Date 12/31/09

Improvement Permit by: [signature] Date 12-31-09

Authorization to Construct by: [signature] Date 12-31-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Craig Thompson / Dolly Madison

Operation Permit by: [signature] Date: 5-5-11

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant