This permit voids permit previously issued on 8/29/02.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107595 PIN# 4736-90-1247.3 4735-99-3653 DATE 8/21/03

OWNER OR CONTRACTOR DANNY Lippard / Chuck Yountz PHONE: Business 872-4749 ~~Home~~ Danny Lippard 902-4918

ADDRESS 491 Fort Dobbs Rd Statesville NC 28625

LOCATION 21 North @ Fort Dobbs Rd, 3rd lot on right before Natures Trail

SUBDIVISION Dobbs Valley BLOCK / SECTION ____ LOT 1 LOT AREA 2.49 Ac SITE CLASS. PS DESIGN FLOW 490 gpd L.T.A.R. .3 gpd/sf

Septic Tank: 1,500 Gallons; STB 1011 Date 11-8-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, ☐ II, III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: Gravity/Pump/conv

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

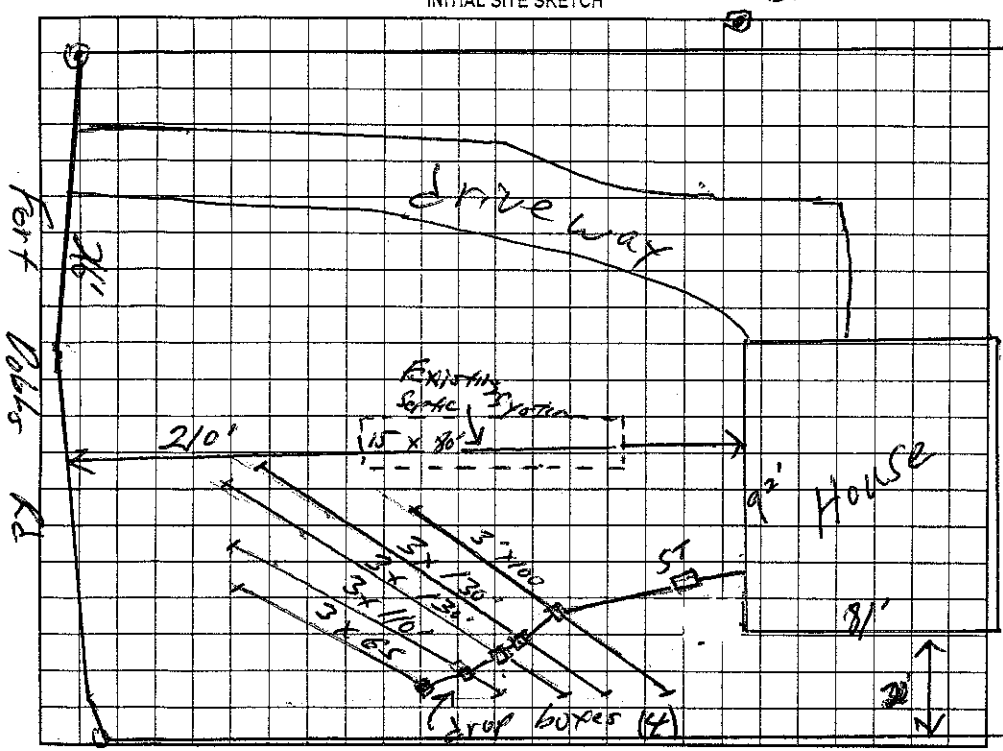
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

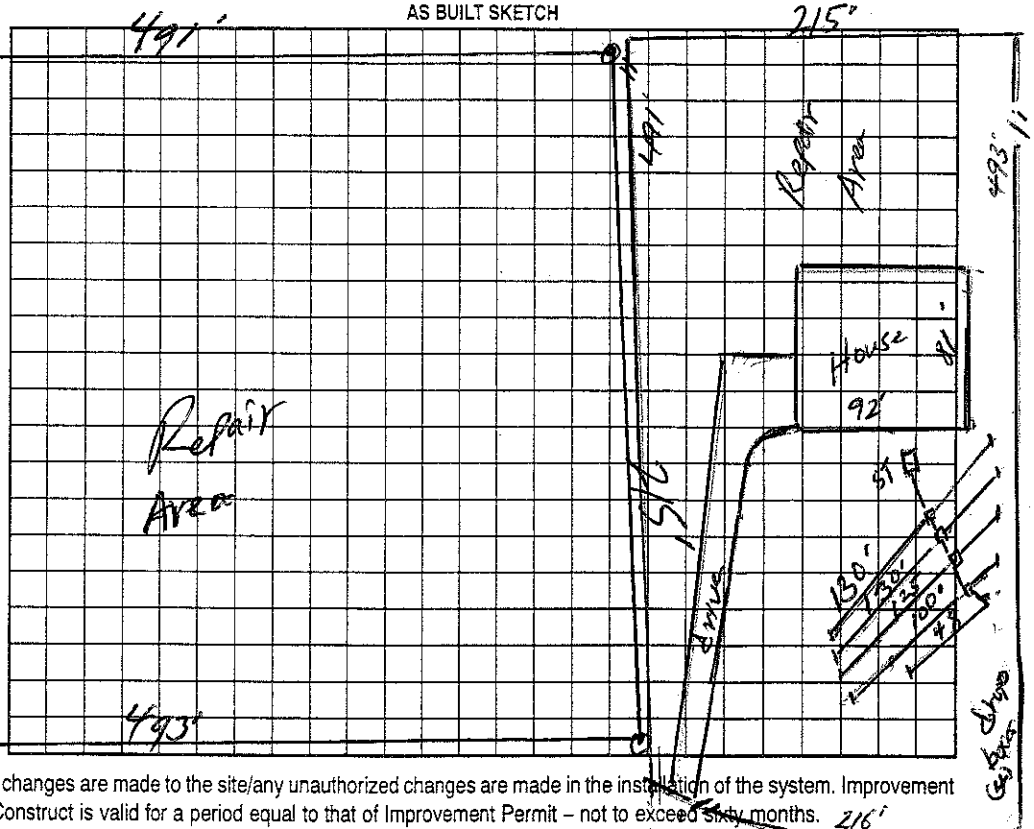
Comments/Conditions:

Comments/Conditions: - Tuff-Tite filter + ST marker Installed

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: Danny Lippard date 8-22-03 Installed by: Yountz Grading + Septic Fort Dobbs Rd

Improvement Permit by: William E. Johnson date 8/21/03 Operation Permit by: William E. Johnson date 6/21/04

Authorization to Construct by: William E. Johnson date 8/21/03 Existing System Inspection by: ____ date ____

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