IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118869 PIN# 4736-41-9514 DATE

OWNER OR CONTRACTOR P. Gene Howe PHONE: Business — Home (704) 902-0255

ADDRESS 165 Dobbs Drive Statesville N.C 28625

LOCATION Hwy 21 N @ Ft Dobbs Rd, @ Dobbs Drive go to end. corner of Twin Lakes & Dobbs Drive

SUBDIVISION Fort Dobbs Farm BLOCK / SECTION — LOT 17 LOT AREA ~ .79 Ac. SITE CLASS. 05 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4-28-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: Gravity, Chambers

Repair System Description: Gravity, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☒ Other Addn. Garage & Bathroom

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

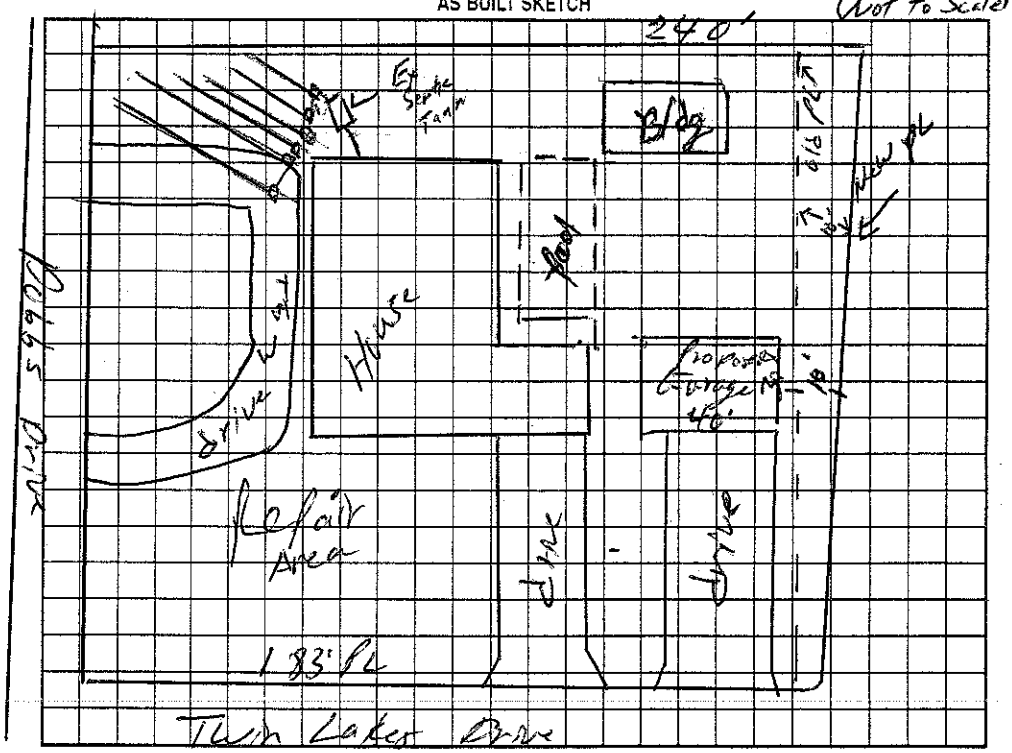
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: (1) Septic System Functioning Properly at time of inspection (2) Circle Driveway Covering portion of drainfield & repair area (3) existing System permit conditions were discussed with superiors prior to issuance.

INITIAL SITE SKETCH (Ref. 12/11/98 Kent Shaw)

AS BUILT SKETCH (Not to Scale)



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: date Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: William O Johnson date 3/10/04

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