IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113230 PIN# 4736-50-5171 DATE 5/23/03

OWNER OR CONTRACTOR Ronald + Christina Warren PHONE: Business — Home (704) 872-2869

ADDRESS ~~Amount~~ 557 Fort Dobbs Rd Statesville NC 28625

LOCATION Hwy 115 N (R) Chipley Ford Rd, (R) Fort Dobbs 2nd house on Left

SUBDIVISION Dobbs View BLOCK / SECTION — LOT 7 LOT AREA 1.62 Ac. SITE CLASS. 6 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____

Lines 3 Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Conv. Gravity

Repair System Description: Pump, 25% Reduction

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

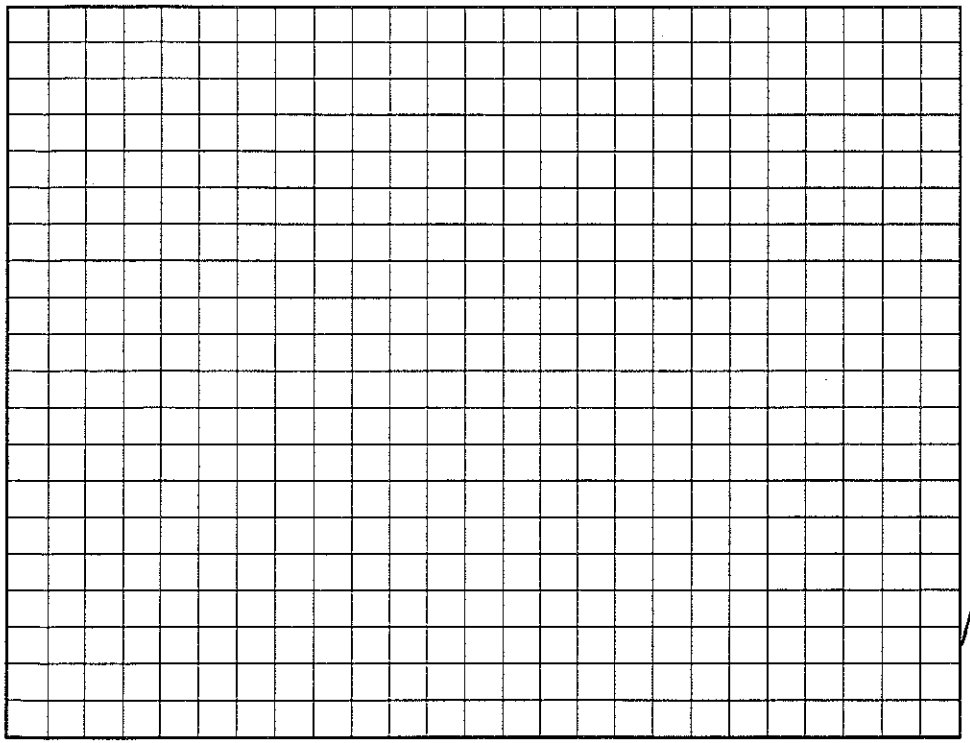
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

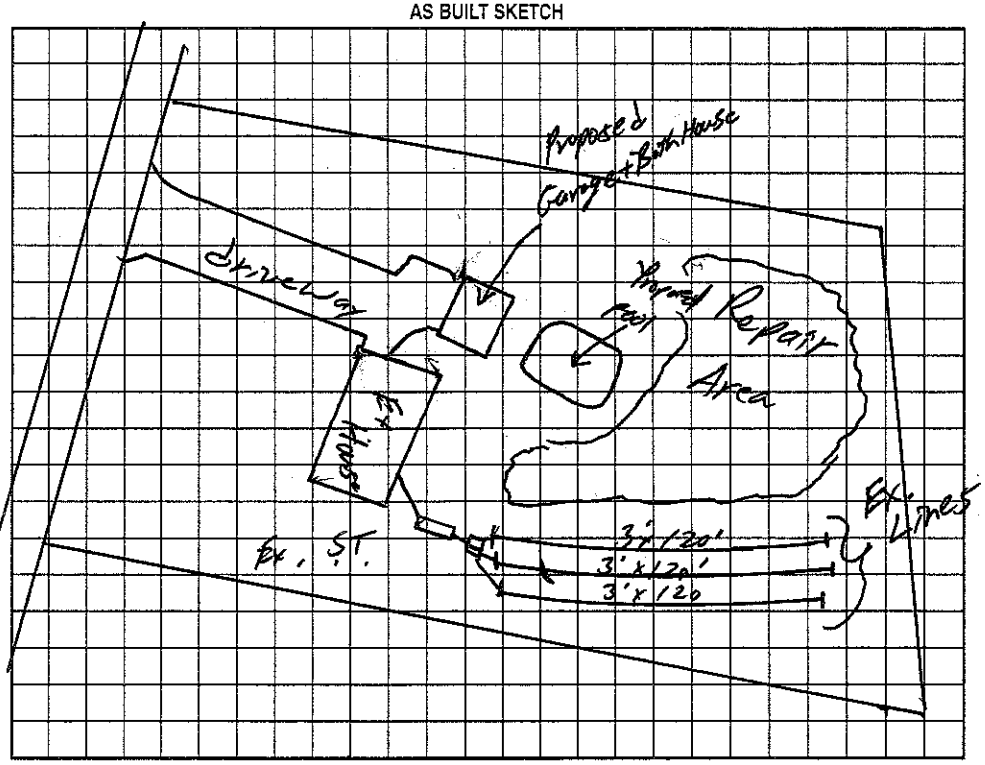
Comments:/Conditions: Reference #67091 - [redacted] 2/26/98; Tim Johnson

Functioning Existing System & OK at time of Inspection 5/23/03

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: ____ date ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: William O. Johnson date 5/23/03

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