IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222106

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

PIN # 4736-60-3147

APPLICANT: Amy Calandrea APPLICANT ADDRESS: 1374 Fourth Creek Landing Dr. Statesville, NC

SITE ADDRESS: 518 Ft. Dobbs Rd. Statesville, NC 28625 PHONE: 7302-770-0701 ALT. PHONE:

SITE DIRECTIONS: Rt 115 N from Statesville → R on Chipley Ford Rd → R on Ft. Dobbs Rd → @ corner of Ft. Dobbs Rd & Cedar Lake

SUBDIVISION: Dobbs Valley SECTION: II LOT # 28 LOT AREA: 1.492 DESIGN FLOW: 600 GPD L.T.A.R.: 0.30

Septic Tank 1500 (gal) STB 964 Date 10-21

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 5 Linear Ft: 500'

Trench Width 36" Max. Trench Bottom Depth 35" Gravel Depth —

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

System Description: 25% Reduction

Repair System Description: 50% Reduction (LP-PPBPS)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 5 No. Persons 10 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping the septic tank every 3-5 years.

INITIAL SITE SKETCH

See attached plans from The Oaks Group, PA (Kathleen Saunders LSS# 1313)

Dated 9-27-2016

Approved 10-7-2016

AS BUILT SKETCH

24 IN TOP 2

25 IN BOTTOM 3

INSTALLED AS SHOWN

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Amy Calandrea Date: 10/20/16 Installed by: GROUND BREAKERS

IMPROVEMENT PERMIT by: Tom Shuck Date: APPROVED OCT - 7 2016 OPERATION PERMIT by: [signature] Date: 1-25-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10-13-16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

N
1"=50'
House
Straw bern
125'
55'
75'
100'
100'
100'
100'
100'
R-90' Rep
R-75' Rep
R-70' Rep
R-54' Rep