IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10/400 PIN# 4736-61-0347 DATE 8/16/01

OWNER OR CONTRACTOR Todd Ellis Builders PHONE: Business ~~Home~~ Cell (704) 902-0119

ADDRESS 315 Seven Springs Loop Statesville NC 28677

LOCATION 115 N @ Shinbone Rd. Left Dobbs, (1) on Fort Valley Court at End

SUBDIVISION Fort Dobbs Four BLOCK / SECTION I LOT 25 LOT AREA ~ 2.5 Acres SITE CLASS V DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 4000 Gallons: STB 1012 Date 11-4-01

Pump Tank: 4000 Gallons: PT 1012 Date 11-4-01 (Collector)

Pump Make: _____ Model ~~Equipped by~~ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: 25% Innovative - Gravity

Repair System Description: 50% - Pinel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 4½ No. Employees ____

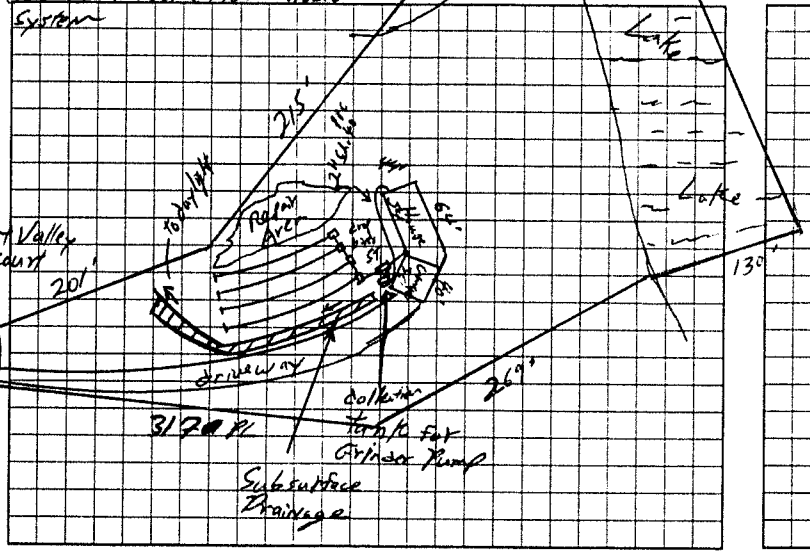
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Install 25% Reduction HDES or Chamber ② Install Collection Tank to gravity feed to Septic Tank ③ Install Subsurface drainage 12" below lowest ditch bottom grade System

Comments/Conditions: — Polylok Filters Installed in both Tanks — Installed 76 Infiltrator Chambers

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown per Initial Site 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 8-17-01 Installed by: David Younts

Improvement Permit by: William O. Johnson date 8/16/01 Operation Permit by: William O. Johnson date 4/5/02

Authorization to Construct by: William O. Johnson date 8/16/01 Existing System Inspection by: _____ date _____

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