IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 23946 PIN# 4736-65-2767 DATE 11-20-04

OWNER OR CONTRACTOR DENNIS ALLEN PHONE: Business 704-516-0344 Home 704-876-4549

ADDRESS 2466 S CHIPLEY FORD ROAD STATESVILLE NC 28625

LOCATION 115 N @ S CHIPLEY FORD RD @ I64 BOX # 2466 IN FIELD

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 7.793 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 704 Date 2-4-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600' Linear Feet 533
No Lines 4X134 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV LOAD
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3 1/2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

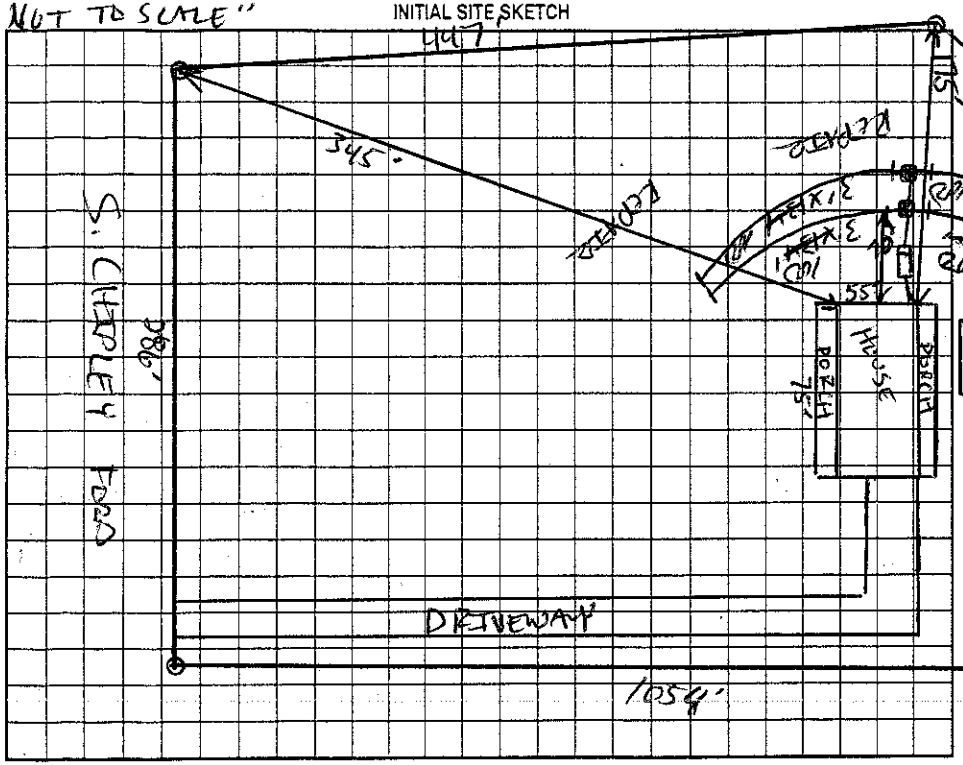
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① INSTALL LINES ON CONTOURS
② MAINTAIN SETBACKS @ KEEP POOL A MINIMUM OF 15' FROM SEPTIC OR REPAIR

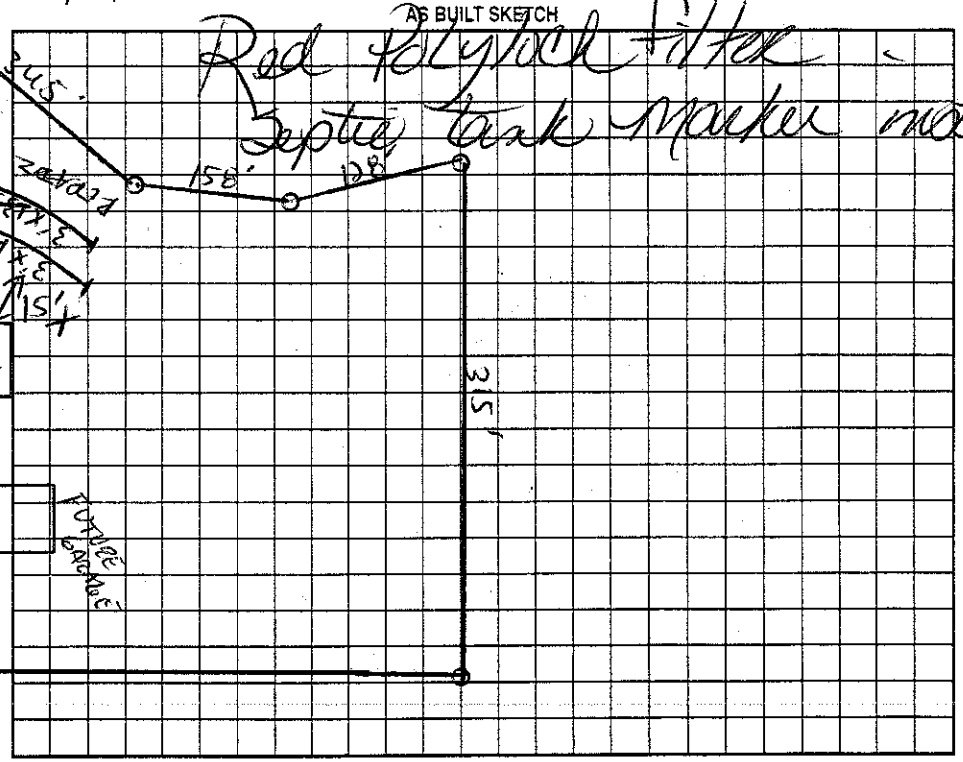
Comments:/Conditions: Quick 4 IN Water installed 100-4 04
4-100' lines

"NOT TO SCALE"

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: Dennis R Allen date 11-22-04
Improvement Permit by: [signature] date 11-20-04
Authorization to Construct by: [signature] date 11-20-04

Installed by: Marty Lutley
Operation Permit by: [signature] date 8-25-05
Existing System Inspection by: ____ date ____

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