IREDELL COUNTY HEALTH DEPARTMENT

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

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

CT

PERMIT# 141401 PIN# 4736700766 DATE 4-18-07

OWNER OR APPLICANT Horne Building, Inc. PHONE: Business 704 902 0399 Home 704 878 2224

ADDRESS 152 Cedar Lake Dr

LOCATION N on Fort Dobbs Rd, (R) on Cedar Lake Dr

SUBDIVISION Dobbs Valley BLOCK / SECTION 2 LOT 32 LOT AREA 1.375 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .225

Septic Tank: 1000 Gallons; STB 1007 Date 8-2-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: 25% Reduction Gravity

Repair System Description: LP 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☒ Gravity ☐ Pressure

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

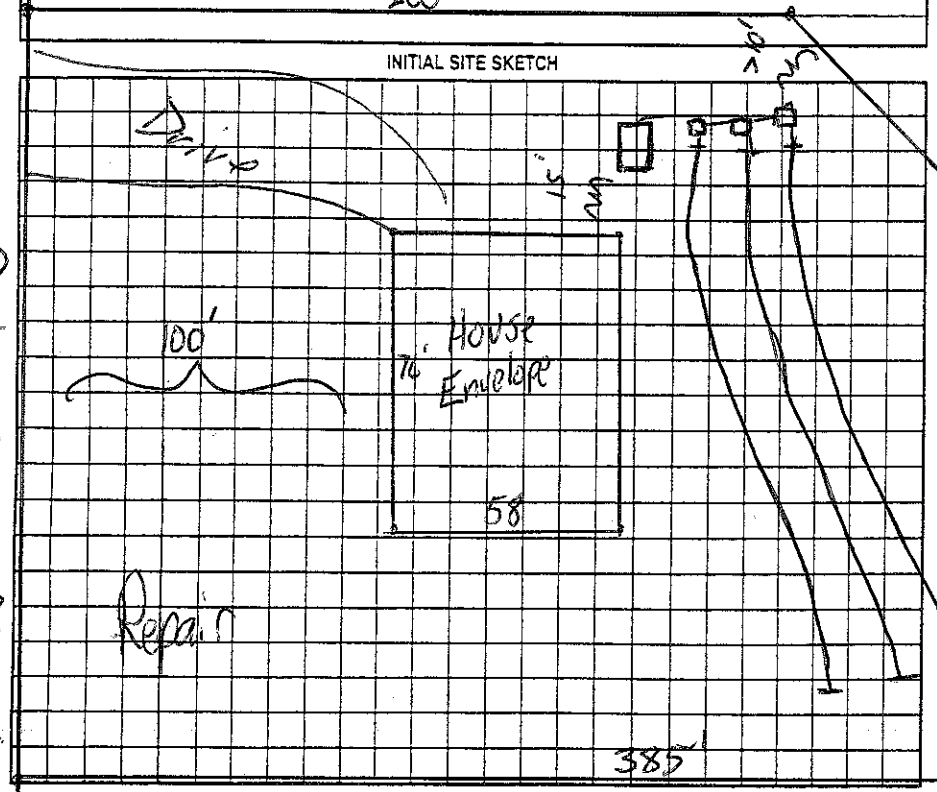
Comments:/Conditions:

200'

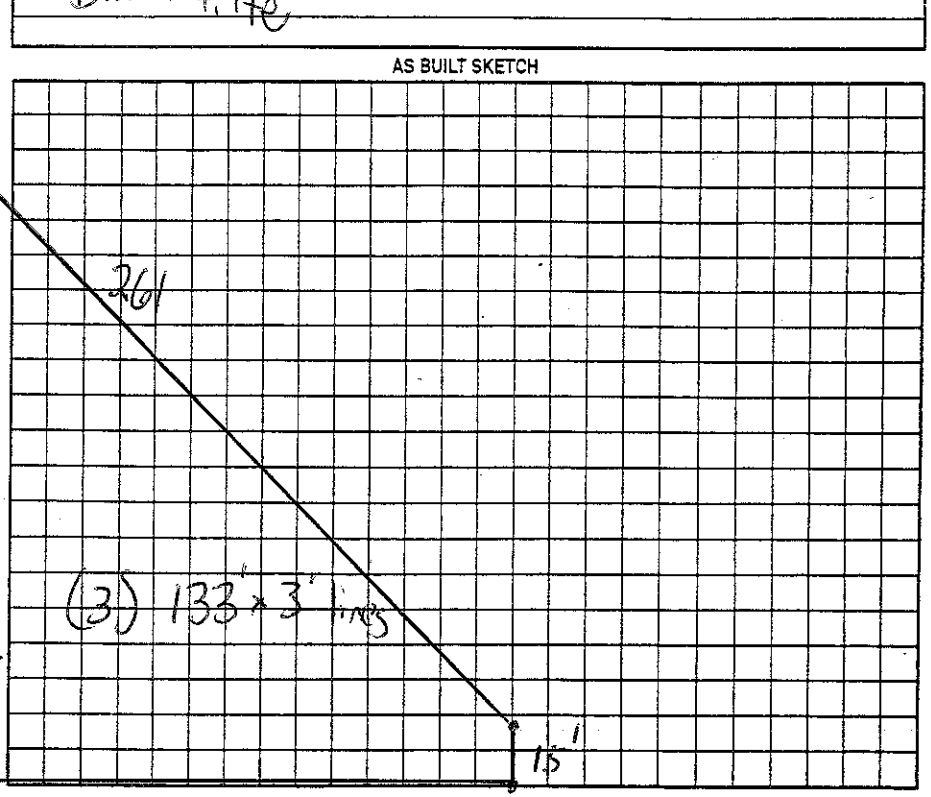
Comments:/Conditions:

Brown fill

INITIAL SITE SKETCH



AS BUILT SKETCH



Cedar Lake Rd

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 _____

Improvement Permit by: James Stowe date 4-18-07

Authorization to Construct by: James Stowe date 4-18-07

Installed by: Cotton & Sons

Operation Permit by: James Stowe date 10-5-07

Existing System Inspection by: _____ date _____

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