IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121391 PIN# 4736702942 DATE 12-27-05

OWNER OR CONTRACTOR George Eginar PHONE: Business 704-876 1955 Home 704-872 4749

ADDRESS 5726 NW 26th Ocala FL 34482

LOCATION 21 N TL Fort Dobbs RD TR Cedar Lakes on right 2

SUBDIVISION Dobbs Valley BLOCK / SECTION II LOT 35 LOT AREA 1.32 SITE CLASS B DESIGN FLOW 360 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB 805 Date 4-24-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1470 Linear Feet 360

No. Lines 36 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Gravity Reduced Width

Repair System Description: 25% - Gravity - Rock

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☐ Public ☐ Community

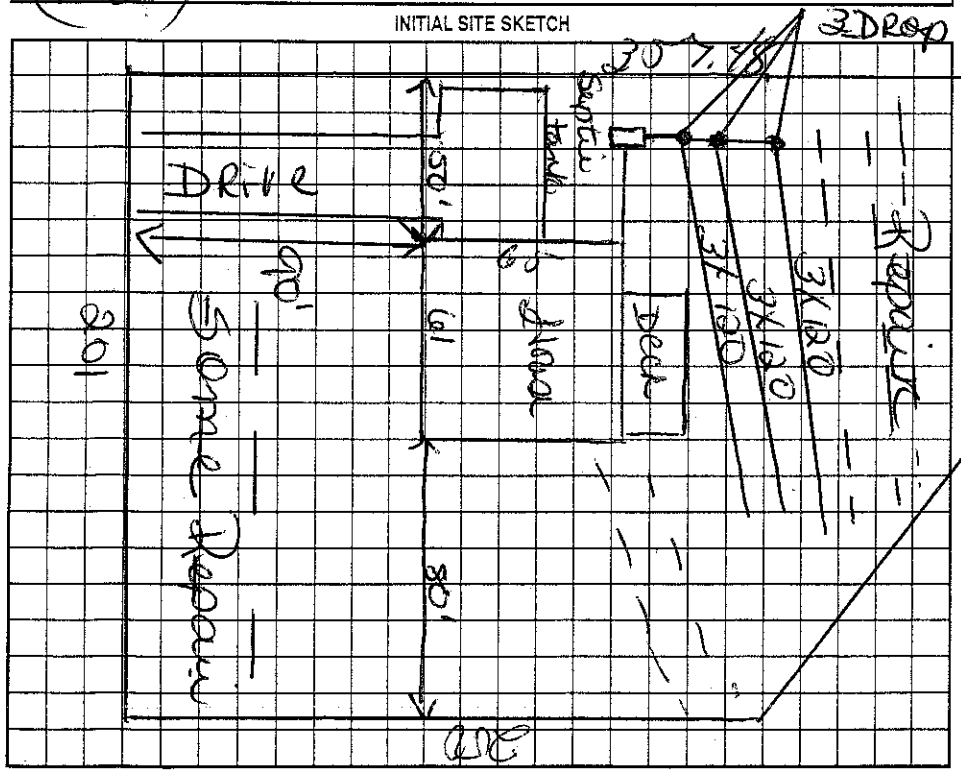
Comments:/Conditions:

(1st-Lev)

Comments:/Conditions:

Install on Contour
maintain all setbacks
Blue Lightning
Septic Tank - Smoke

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 12-27-05 Installed by: Kenneth Madison

Improvement Permit by: Kelly Cook date 12-27-05 Operation Permit by: Kelly Cook date 11-9-06

Authorization to Construct by: Kelly Cook date 12-27-05 Existing System Inspection by: _____ date _____

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