IREDELL COUNTY HEALTH DEPARTMENT

2:10 CI * THIS PERMIT VOIDS PREVIOUS PERMIT DATED 9/24/04

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

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

PERMIT# 12141 PIN# 4736717991 DATE 7/18/05

OWNER OR CONTRACTOR JASON & KRISTEN POWELL PHONE: Business _____ Home 704 838 1905

ADDRESS 219 CEDAR CREEK DR STATESVILLE, NC 28625

LOCATION 21 N (L) FORT DOBBS RD (R) CEDAR CREEK DR (L) LOT

SUBDIVISION DOBBS VALLEY BLOCK / SECTION II LOT 45 LOT AREA 3.34 ACRES SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 4-31-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: GRAV 25% REDUCTION
Repair System Description: GRAV 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

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

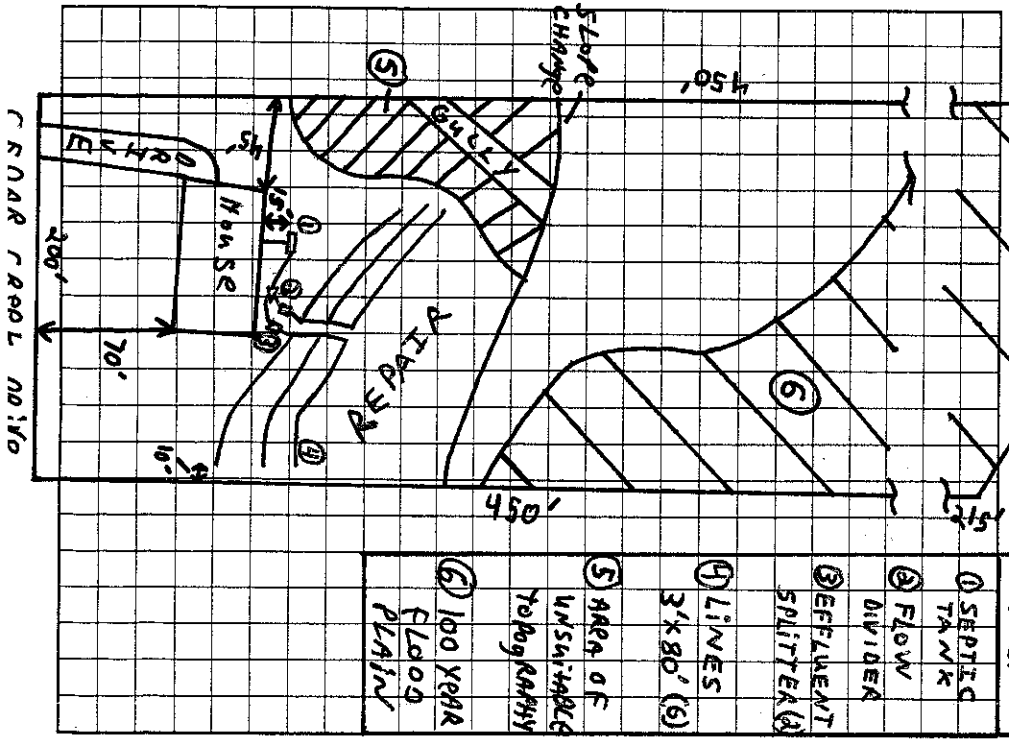
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS. USE EFFLUENT SPLITTERS SUCH AS ZOELLER TRU-FLOW.

SCALE 1" = 100'

Comments:/Conditions: Yellow Filter

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: David D Smith date 7-2705

Improvement Permit by: [signature] date 7/18/05

Authorization to Construct by: [signature] date 7/27/05

Installed by: David Yount

Operation Permit by: [signature] date 11/29/06

Existing System Inspection by: _____ date _____

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