IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107617 PIN# 4736~~90-12-47-15~~ 80-4701 DATE 9/4/02

OWNER OR CONTRACTOR CHARLES D. NANTZ PHONE: Business 872-4749 Home

ADDRESS 491 FORT DOBBS RD STATESVILLE NC 28625

LOCATION 21 N. TL FORT DOBBS - TR NATURES TRAIL - ON LEFT

SUBDIVISION DOBBS VALLEY BLOCK / SECTION LOT 15 LOT AREA 1.561AC SITE CLASS. PS DESIGN FLOW ~~480GPD~~ L.T.A.R. 36.50/KSa

Septic Tank: 1000 Gallons; STB 1012 Date 4-10-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet ~~1602~~ 1602 Linear Feet 534
No Lines 5@107' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: PUMP SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

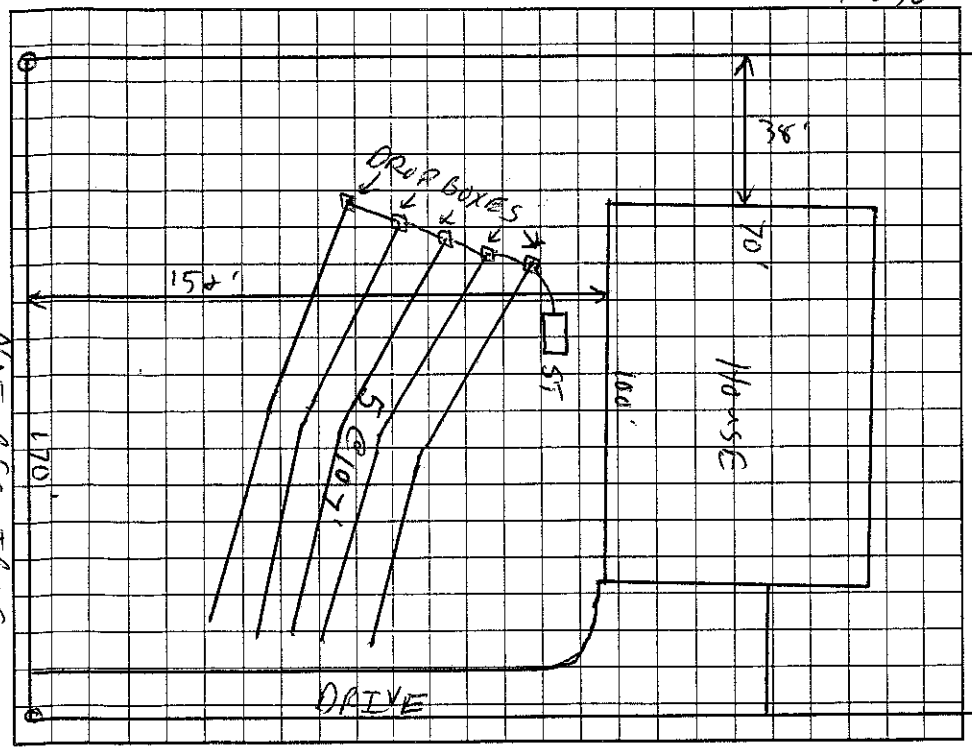
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

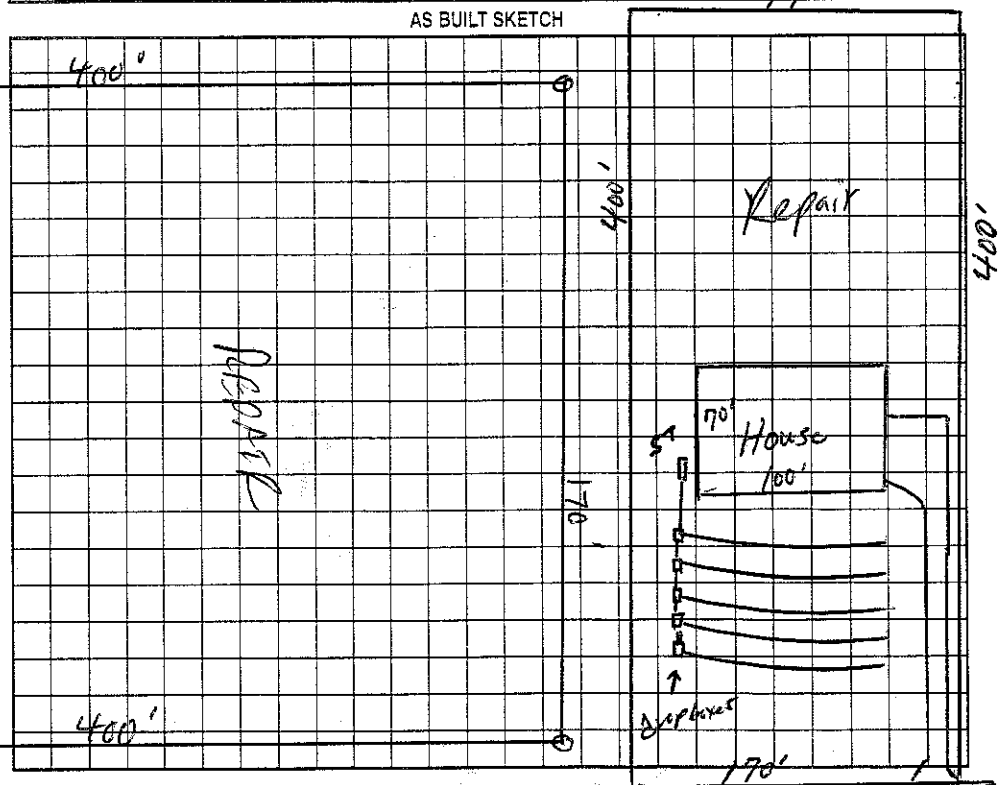
Comments/Conditions:

Comments/Conditions: -Prior H.D. Approval to move S.T.
- Tuff Tite Filter + ST marker Installed

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH 170' 1"=100' Ft



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 9-5-02 Installed by: David Yountz

Improvement Permit by: KS date 9/4/02 Operation Permit by: William O. Johnson date 8/25/04

Authorization to Construct by: William O. Johnson date 11/6/04 Existing System Inspection by: date

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