THIS PERMIT REPLACES PREVIOUS ISSUED 9-23-09

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145586 PIN# ~~4736810237~~ 4736810237 DATE 10/29/07

OWNER OR APPLICANT Rob Wright PHONE: Business 704 902 1443 Home 704 876 6906

ADDRESS 212 Cedar Lake Dr

LOCATION S. Chipley Ford Rd. (R) on Fort Dobbs (L) on Cedar Lake Trail (R) near the end.

SUBDIVISION Dobbs Valley 2 BLOCK / SECTION 02 LOT 39 LOT AREA 1.953 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 7-27-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction (Gravity)

Repair System Description: 25% Reduction Pump(Final)

Maintenance Agreement Required: ☐ Yes ☐ No

☒ 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

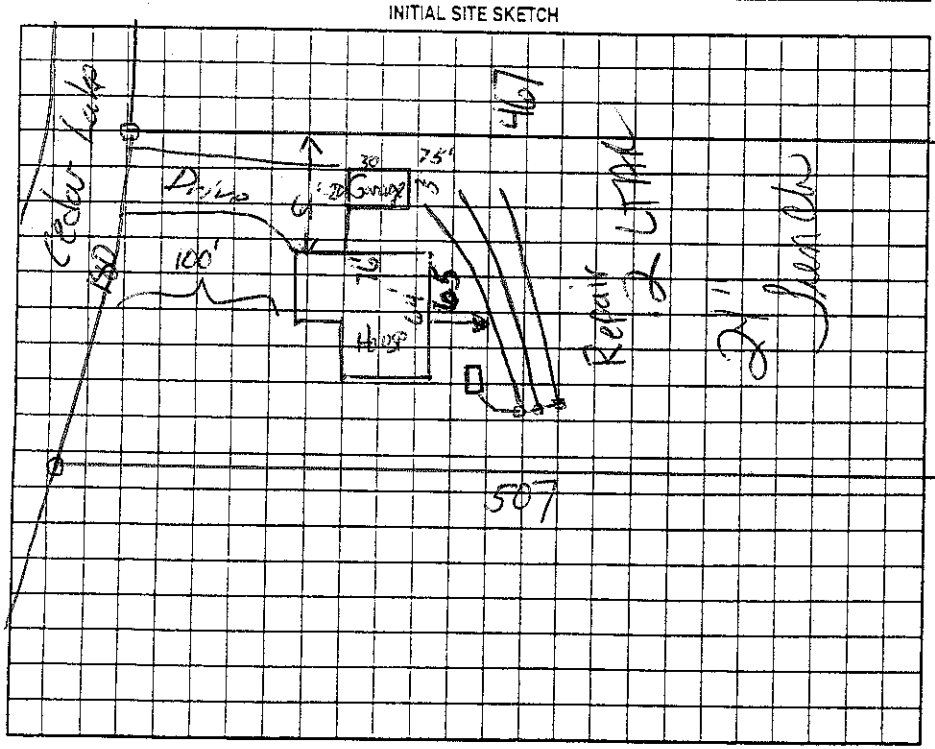
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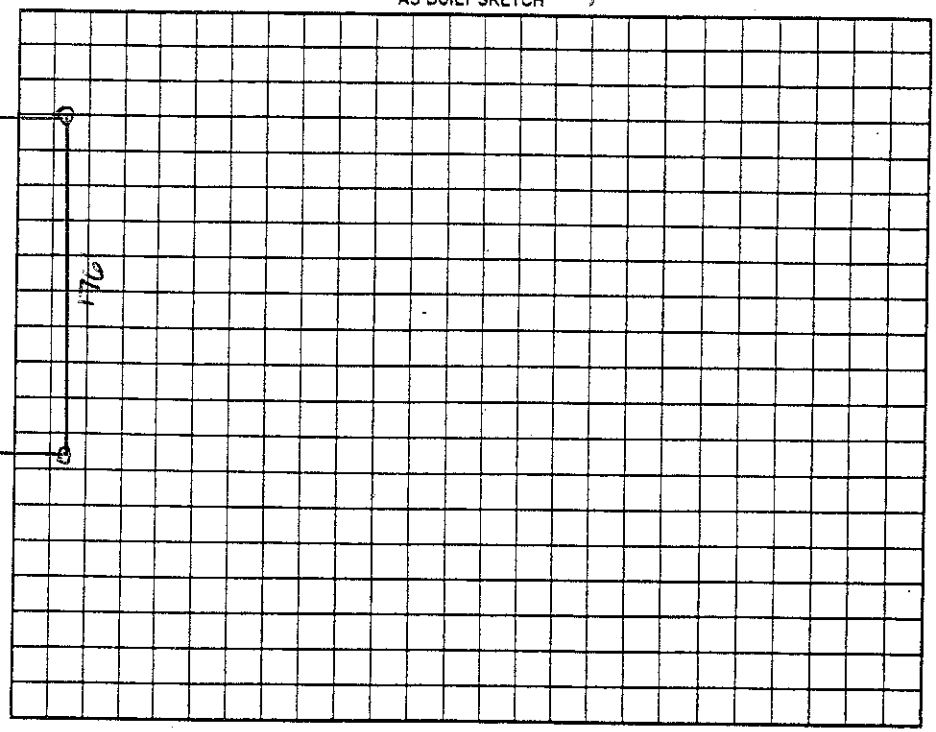
Yellow Surface

Septic marker

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: Rob Wright date _____

Improvement Permit by: _____ date 10/29/07

Authorization to Construct by: _____ date 10/29/07

Installed by: Tommy Frye

Operation Permit by: _____ date 4/18/08

Existing System Inspection by: _____ date _____

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