4:00

This permit voids permit issued 10/17/06

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138294 PIN# 4736811375 DATE 10/17/07

OWNER OR APPLICANT Christy Georgeson PHONE: Business 704 437 9500 Home 704 876 4491

ADDRESS 220 Cedar Lake Dr.

LOCATION 115 N to (R) on South Chipley Ford (R) onto Fort Dobbs Rd (L) to Cedar Lake Drive, Prop on (R)

SUBDIVISION Dobbs Valley 2 BLOCK / SECTION 2 LOT 40 LOT AREA 1.892 SITE CLASS. PS DESIGN FLOW 720 L.T.A.R. .25

Septic Tank: ~~1500~~ 1500 Gallons: STB 571 Date 2-4-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 2880 Linear Feet 720

No Lines 10 Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth n/a

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

System Description: 25% Reduction

Repair System Description: Pump 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 6 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

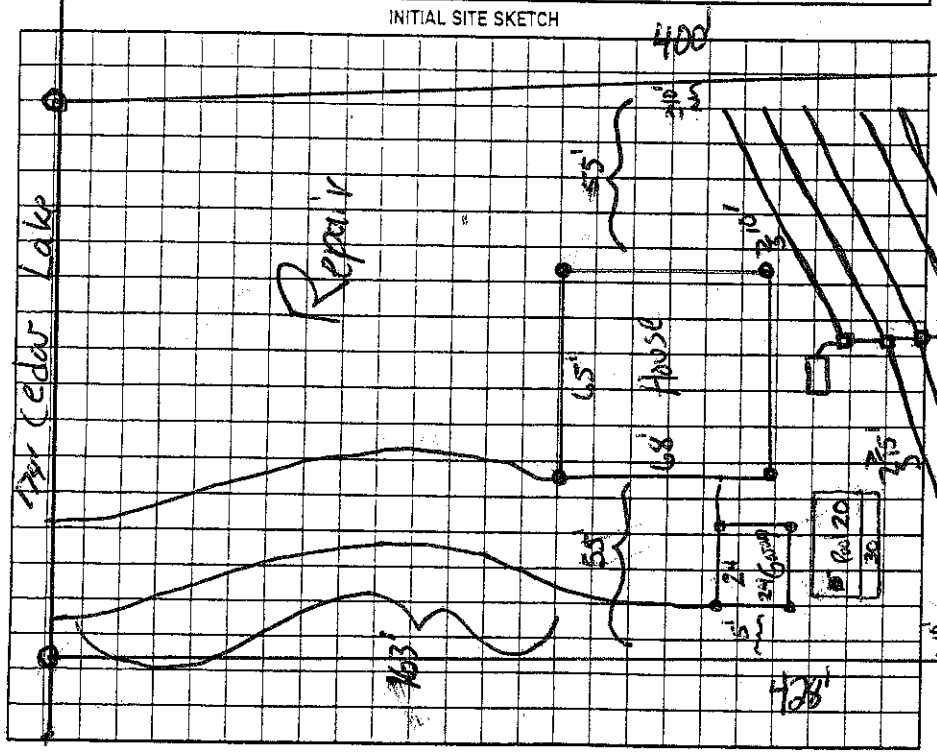
Comments:/Conditions:

10(3)x72"

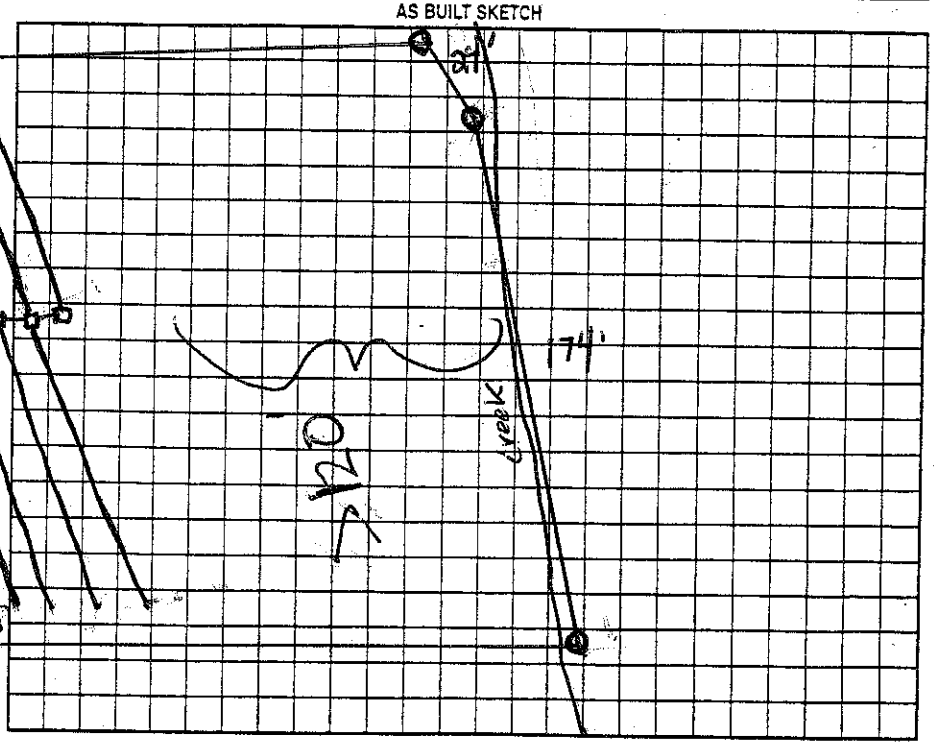
Comments:/Conditions:

Yellow

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 ____ Installed by: David Yountz

Improvement Permit by: James Ross date 10/17/07 Operation Permit by: John Ross date 4-22-08

Authorization to Construct by: James Ross date 10/17/07 Existing System Inspection by: ____ date ____

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