IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# ~~4736-75-673~~ 813453 DATE 4-18-08

OWNER OR APPLICANT Jeffrey Lloyd PHONE: Business _____ Home 828-478-4997

ADDRESS Box 46 Eastover NC 28609

LOCATION 21N to 70 for Dobbs Rd Cranberry Lake Lot on Right

SUBDIVISION Dobbs Rdg BLOCK / SECTION II LOT 41 LOT AREA 1.979 SITE CLASS R3 DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1015 Date 8-7-07

Pump Tank: _____ Gallons; P T _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1920 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth _____

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

System Description: Kaplan Mnt – 25%

Repair System Description: Up Paste

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

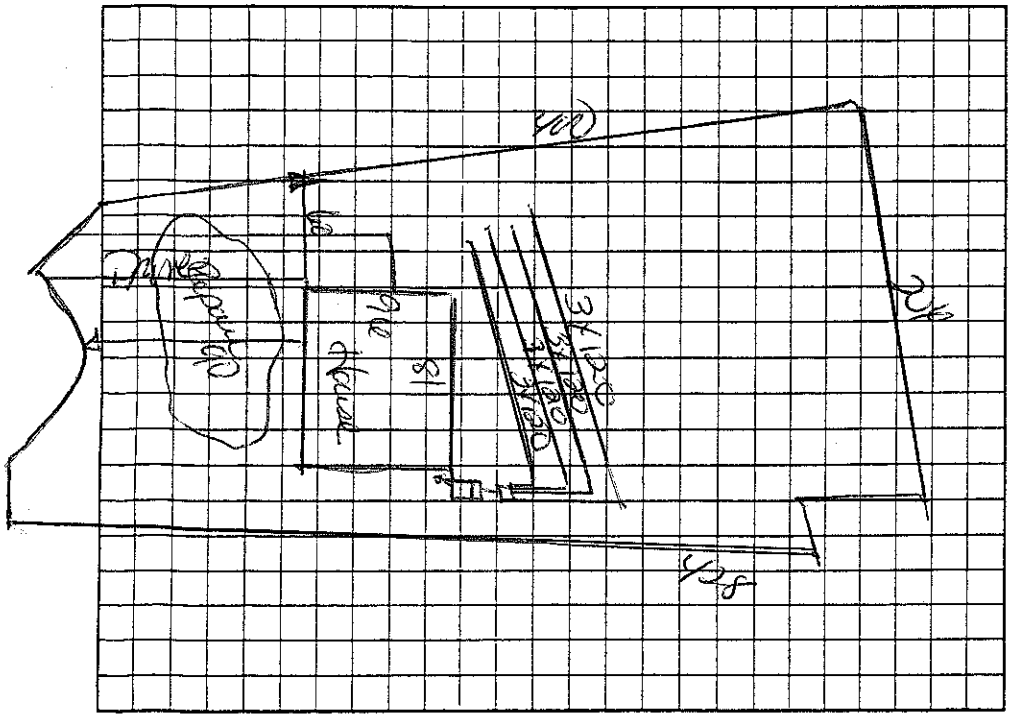
☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

Comments/Conditions:

Distribution Box
4 Speed Levels

INITIAL SITE SKETCH



AS BUILT SKETCH

Yellow – Left Lot
Septic Marker

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: Tommy Frye

Improvement Permit by: Kelly Cook date _____ Operation Permit by: Kelly Cook date 4-18-08

Authorization to Construct by: Kelly Cook date _____ Existing System Inspection by: _____ date 4/28/08

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