IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 121730 PIN# 4736-71-5673.042 8160649 DATE Sept 23, 04

OWNER OR CONTRACTOR Charles Nantz / MB Clive PHONE: Business Home

ADDRESS 491 Fort Dobbs Rd. Statesville N.C. 28625

LOCATION US 21 N TL Fort Dobbs Rd TR Cedar Lake Dr. 4th on Right

SUBDIVISION Dobbs Valley BLOCK / SECTION II LOT 42 LOT AREA 5.9 ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 @ 120'± Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: GRAVITY 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

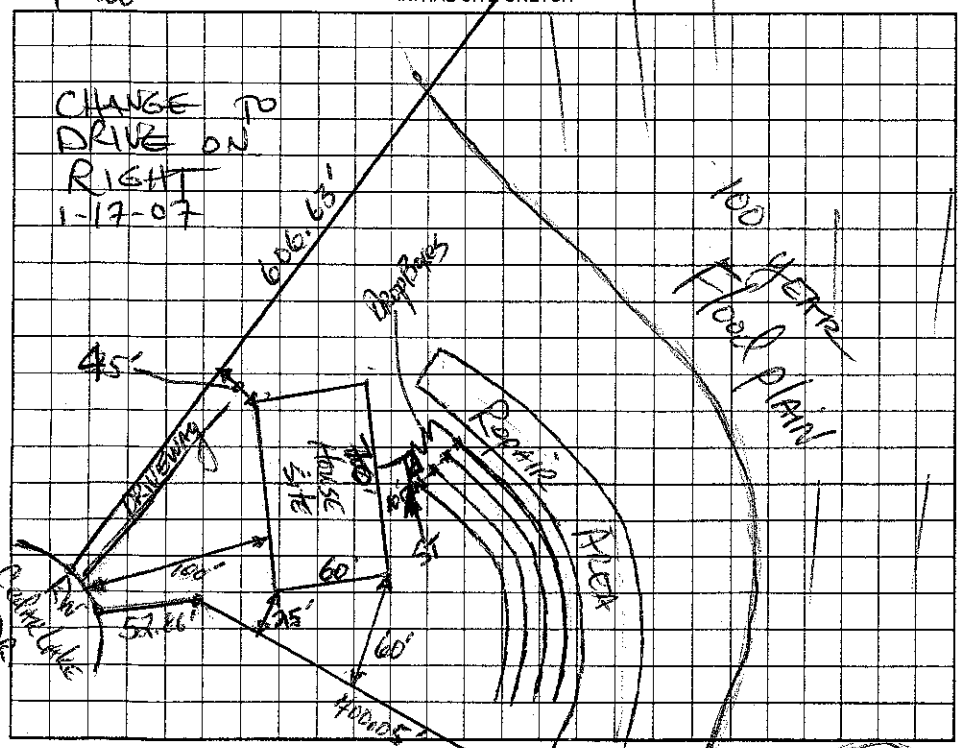
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

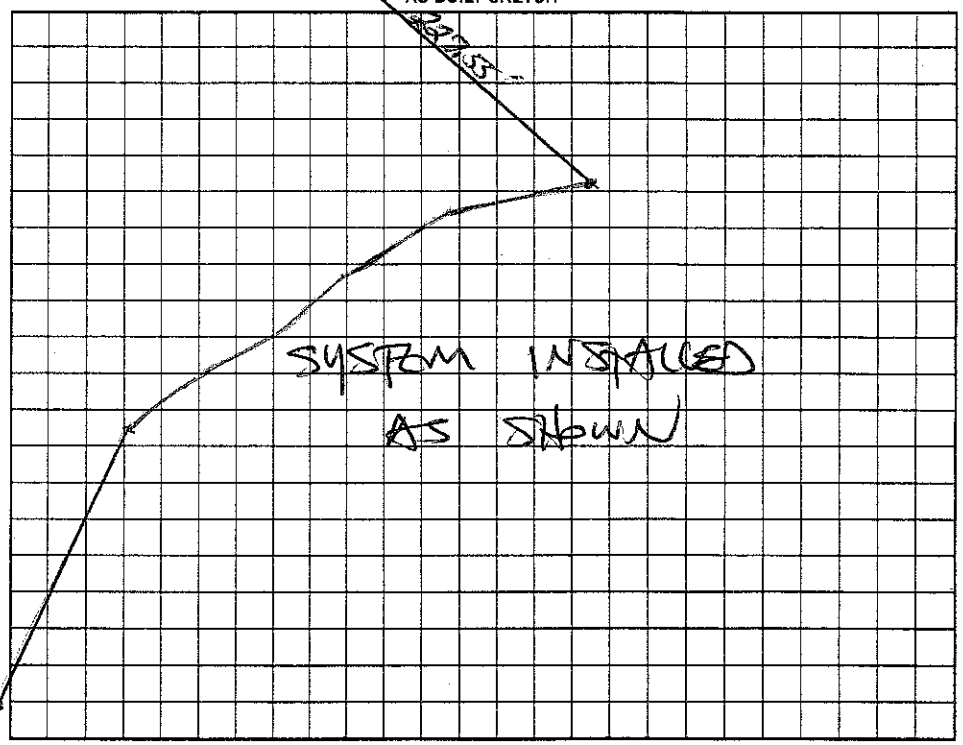
Comments/Conditions: 294.89' ① SYSTEM INSTALLED DEEP, ② SEPTIC TANK W/ MARKER INSTALLED USING "BOWCO" FILTER

INITIAL SITE SKETCH

1"=100'



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 10-4-04

Improvement Permit by: date 9-23-04

Authorization to Construct by: STEVE HENDRICK date 1-17-07

Installed by: KELLY WELBORNE

Operation Permit by: STEVE HENDRICK date 3-8-07

Existing System Inspection by: date

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