This permit voids previously issues permit dated 8/29/02.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107603 PIN# 4736-90-~~[illegible]~~ 1091 DATE 6/28/04

OWNER OR CONTRACTOR David Cloer PHONE: Business — Home (704) 876-6755

ADDRESS 142 Rock Island Drive Statesville N.C. 28625

LOCATION 21 North, (2) Fort Dobbs (R) Natures Trail on right

SUBDIVISION Dobbs Valley BLOCK / SECTION — LOT 6 LOT AREA 2.35 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 gpd/sft

Septic Tank: 1,000 Gallons; STB 1012 Date 7-13-04
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 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other ____

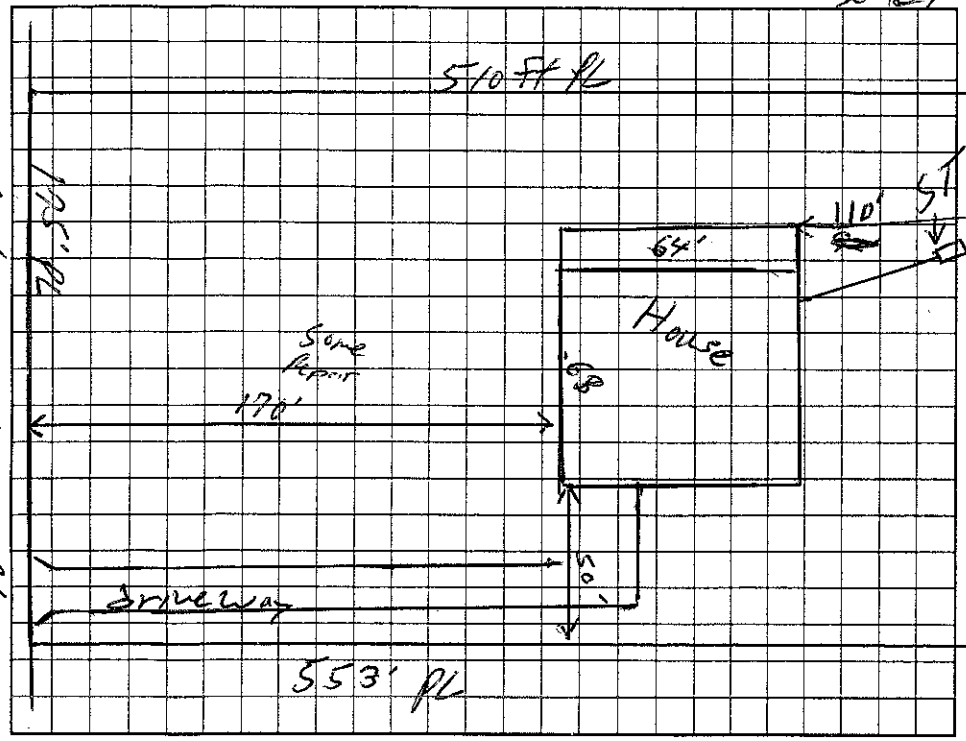
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

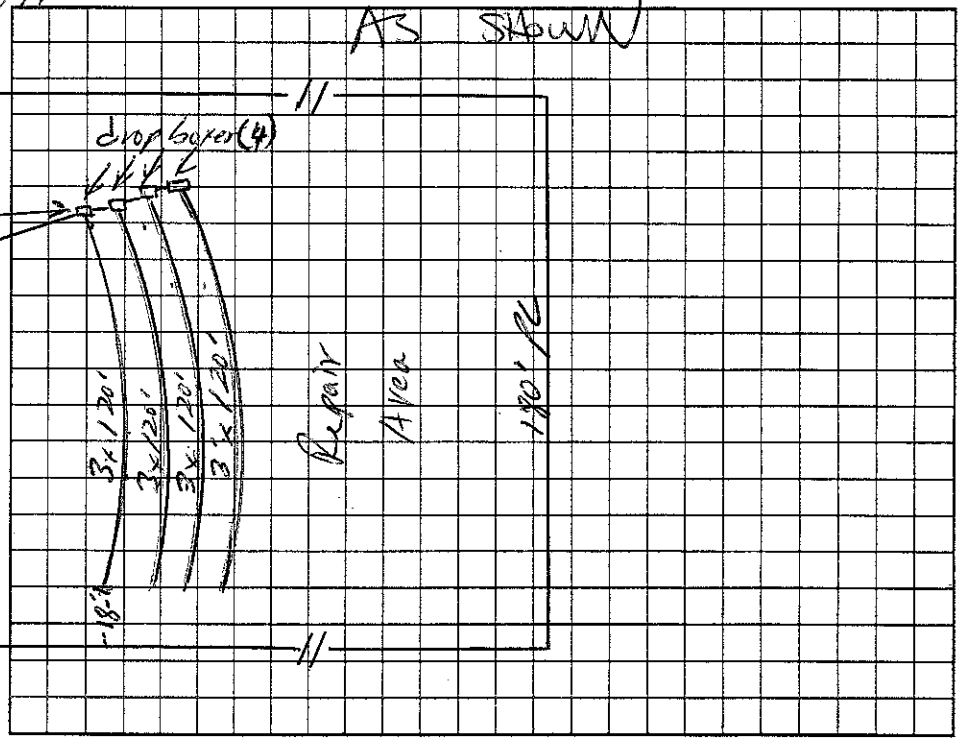
Comments:/Conditions:

Comments:/Conditions: SEPTIC TANK WITH MARKER
WSMALLED USING "THETTE" FILTER

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: Alisha J Cloer date 7/2/04
Improvement Permit by: William G Johnson date 6/29/04
Authorization to Construct by: William G Johnson date 6/29/04

Installed by: PIEDMONT BACKHOE
Operation Permit by: STEVE HENDRICK date 1-5-05
Existing System Inspection by: ____ date ____

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