IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152587 PIN# 4747545581 DATE 9/9/08

OWNER OR APPLICANT Robert Newton PHONE: Business 845-224-4459 Home 704-876-3530

ADDRESS 236 Donsdale Dr. Statesville, NC 28625

LOCATION 21 N, TL Shumaker, TR Donsdale, on Rt.

SUBDIVISION Donsdale BLOCK / SECTION 2 LOT 72 LOT AREA 0.858 acre SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 9/27/07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

~~New~~ System ☐ Repair ☒ Expansion System Type: I II III IV V VI
System Description: expansion - 25% gravity
Repair System Description: gravity panel block
Maintenance Agreement Required: ☐ Yes ☒ ~~No~~

~~☒ House/Mod. Home~~ No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

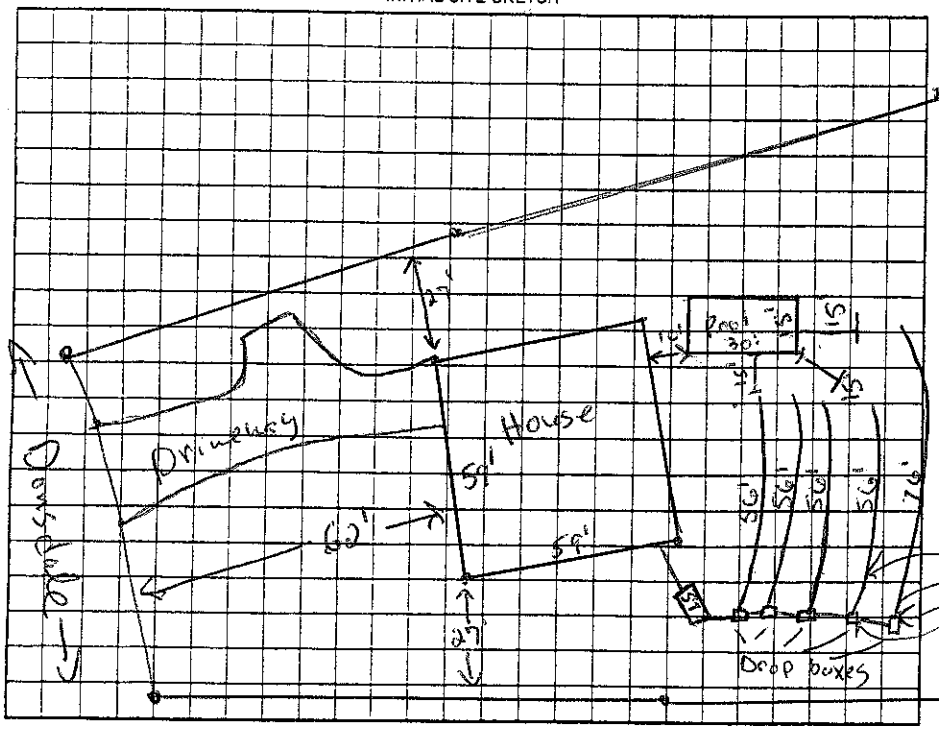
Water Supply: ☐ Individual ☒ ~~Public~~ ☐ Community

Gravel Depth ____ ☒ ~~Gravity~~ ☐ Pressure ☐ Slab ☒ ~~Crawl Space~~ ☐ Basement w/plumbing ☐ Basement wo/plumbing

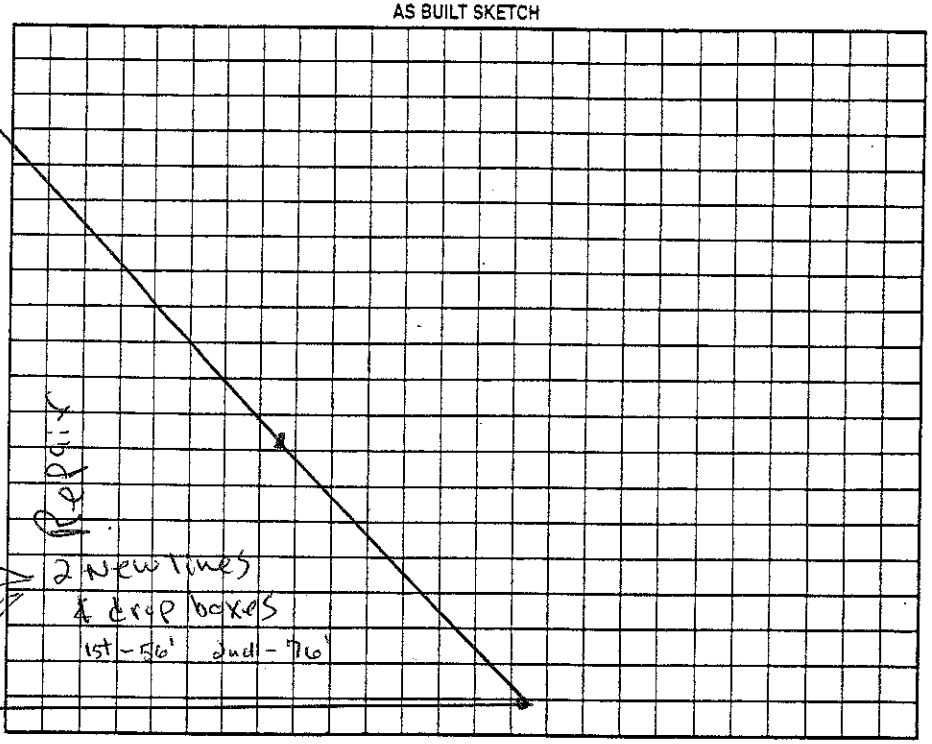
Comments/Conditions: * Cut top 3 lines off & cap @ 56'
* add 2 new lines & drop boxes, 1st new line 56'
2nd new line 76' at 25% (Infiltrator) total of 132' of line
* Stay out of 15' buffer to pool

Comments/Conditions: * Install on contour, maintain all setbacks

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: [signature] date 9/9/08

Improvement Permit by: [signature] date 9/9/08

Authorization to Construct by: Kelly Moore date 9/9/08

Installed by: Ground Breakers

Operation Permit by: [signature] date 9-18-08

Existing System Inspection by: ____ date ____

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