(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144039 PIN# 4747554043 DATE 7-25-07

OWNER OR APPLICANT Cool Spring Builders Inc. PHONE: Business 704 902 9799 Home 704 883 0839

ADDRESS 212 Dogwood Dr

LOCATION 21N (L) Shoemaker (R) Dogwood Property on (R) Before Stallion Ln

SUBDIVISION Dogwood BLOCK / SECTION 2 LOT 672 LOT AREA .646 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 7-6-08
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 6/8 ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 50% LP Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

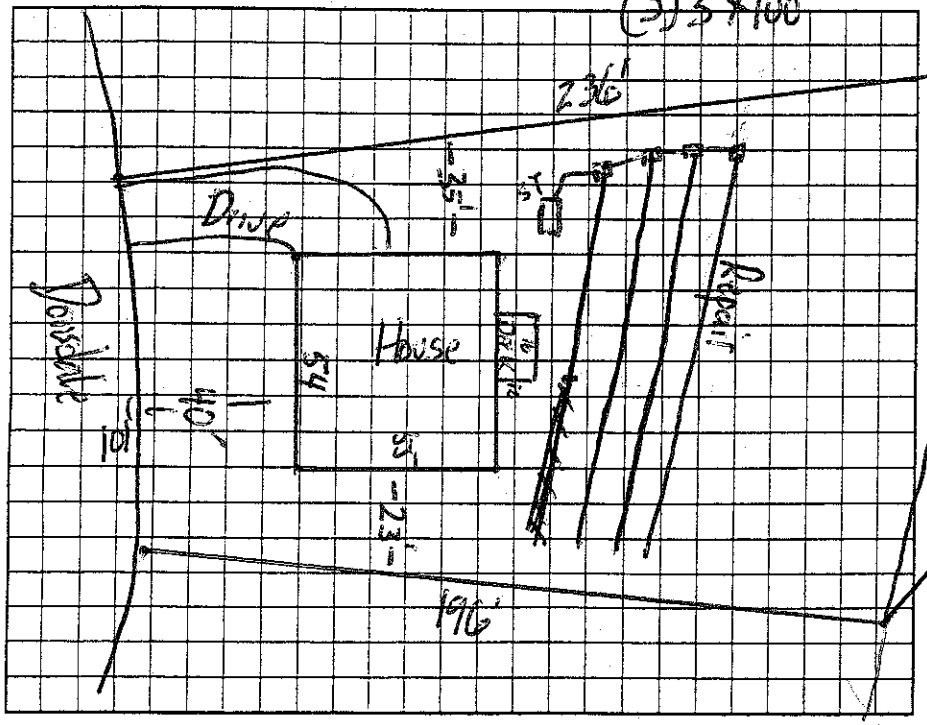
Water Suppiy: ☐ Individual ☒ Public ☐ Community

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

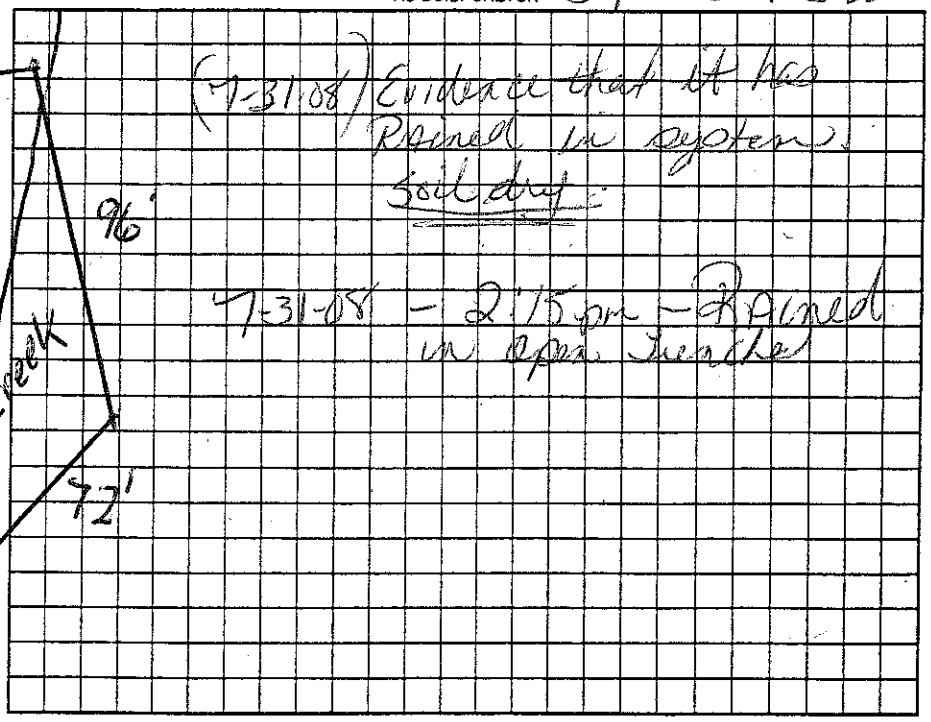
Comments:/Conditions:

Comments:/Conditions:
Red Surf Pkt
Septic Mate

INITIAL SITE SKETCH (3) 3'x100'



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: Kirk Kopfer date ____

Improvement Permit by: James date 7-25-07

Authorization to Construct by: James date 7-25-07

Installed by: Steve Graves Grading

Operation Permit by: Joel Cook date 8-1-08

Existing System Inspection by: ____ date ____

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