IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14845770 PIN# 4747644475 DATE 3-12-08

OWNER OR APPLICANT Built By Babough, Inc. PHONE: Business 336 902 9025 Home 336 984 2013

ADDRESS 274 Donsdale Drive

LOCATION Jennings Rd (L) on Whites Farm; (L) on Donsdale, Lot on (R)

SUBDIVISION Donsdale BLOCK / SECTION 2 LOT 45 LOT AREA .55 SITE CLASS PS DESIGN FLOW ~~360~~ 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 4-17-06

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~1200~~ 1600 Linear Feet ~~360~~ 480

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36

Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

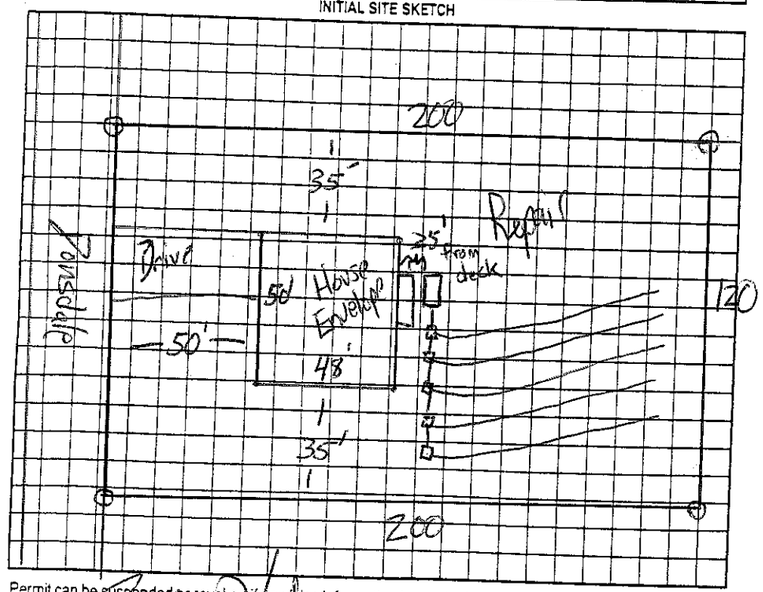
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

(5) 80' Lines

Comments/Conditions:

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒

Signed: _____ date 3-13-08

Improvement Permit by: _____ date 3-12-08

Authorization to Construct by: _____ date 3-12-08

Installed by: Steve Jordan

Operation Permit by: _____ date 9-4-08

Existing System Inspection by: _____ date _____

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