IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4765-80-3474 DATE MAY 20, 2009

OWNER or APPLICANT PATRICIA A. DOBBINS PHONE: Business Home: 704-872-1512

OWNER or APPLICANT ADDRESS 270 LONE PINE ROAD, STATESVILLE, NC

LOCATION / DIRECTIONS US 64 EAST, TR LONE PINE ROAD, 0.7 MILE ON RIGHT AT BOX # 270

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 0.61 AC DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank 1000 Gallons: STB 1012 Date 6-24-93

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 1 Linear Feet EXISTING

Trench Width EX Max. Trench Bottom Depth EX Gravel Depth EX

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

System Description:

Repair System Description: CONVENTIONAL SEPTIC TANK

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3 ☐ Business No. Persons ☐ Other No. Employees

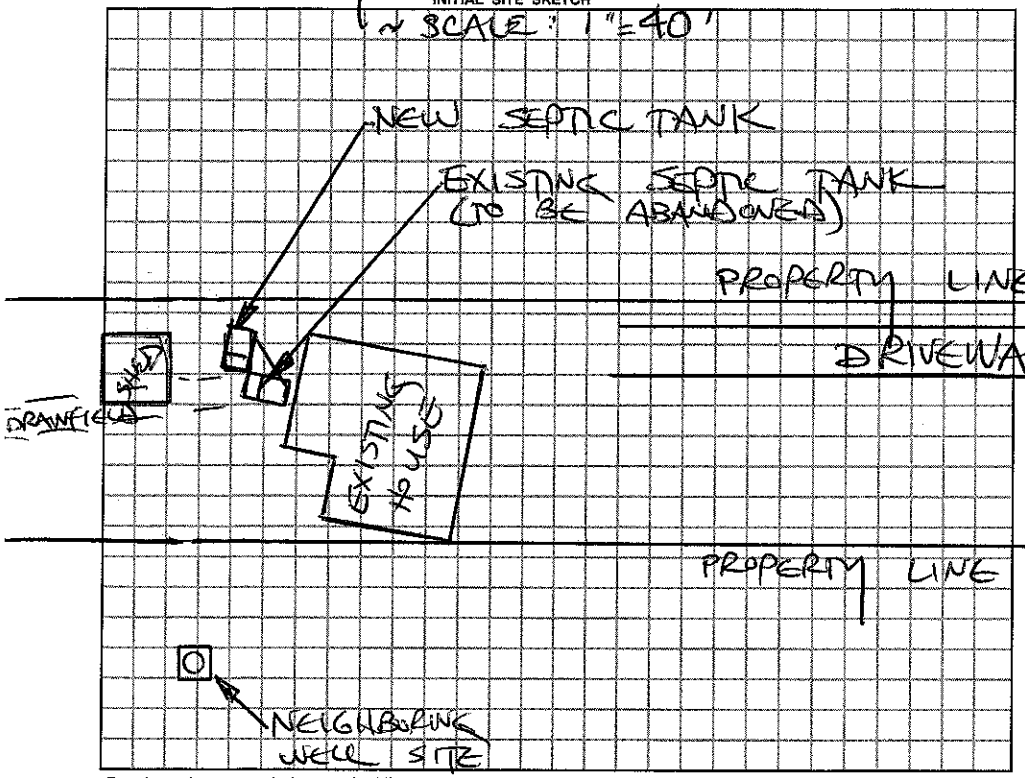
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☑ Private ☐ Public ☐ Community

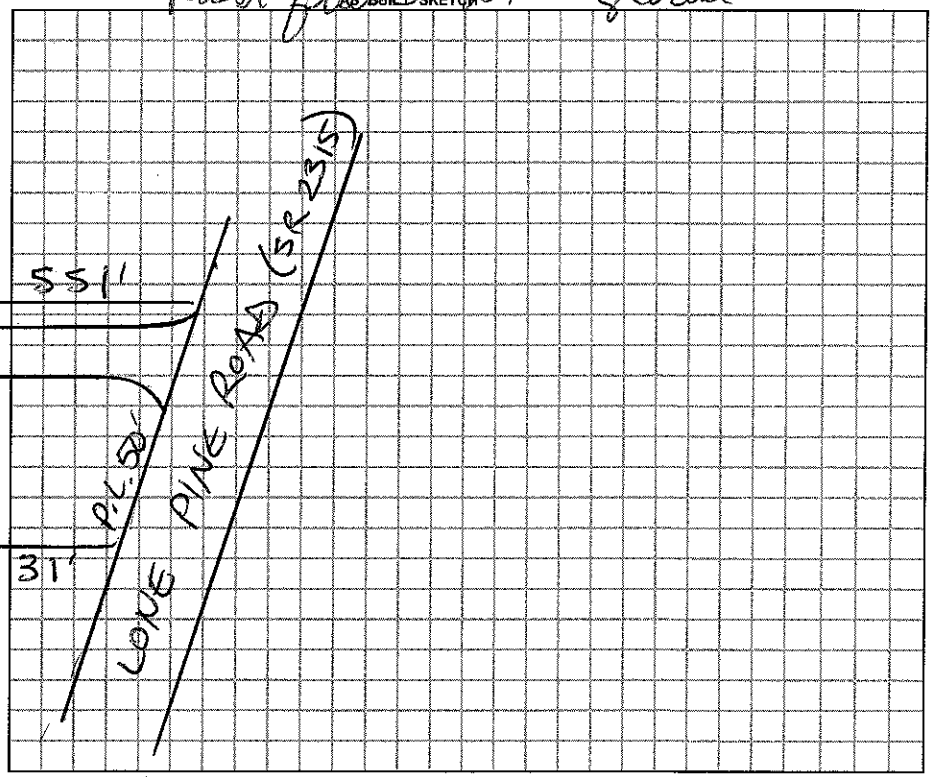
Comments / Conditions: INSTALL NEW SEPTIC TANK AT LOCATION SHOWN. ABANDON EXISTING SEPTIC TANK BY CRUSHING & FILLING WITH CLAY SOIL.

Comments / Conditions: Red Gulf Site Rock flat with ground

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Patricia Dobbins Date 5/20/09

Improvement Permit by: STEVE HEDRICK Date 5-20-09

Authorization to Construct by: STEVE HEDRICK Date 5-20-09

Installed by: Steve Carden

Operation Permit by: [signature] Date: 6-1-09

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant