IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139989 PIN# 4811-19-7481 DATE 23 Jan. 07

OWNER OR APPLICANT Lonnie Allen PHONE: Business (919) 631-1632 Home (919) 963-3776

ADDRESS P.O. Box 1291 Four Oaks, N.C. 27524

LOCATION 115N To Mountain View R/. TR Mitchell Trail - Go to Lone Valley - Prop. on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.5 Ac. SITE CLASS. 05 DESIGN FLOW 240 g/d T.A.R. 0.33 g/d/Ft²

Septic Tank: 1000 g Gallons; STB w/ PT STB 1000g Date 5-24-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction System
Repair System Description: 50% Reduction System
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Persons ____ No. Employees ____

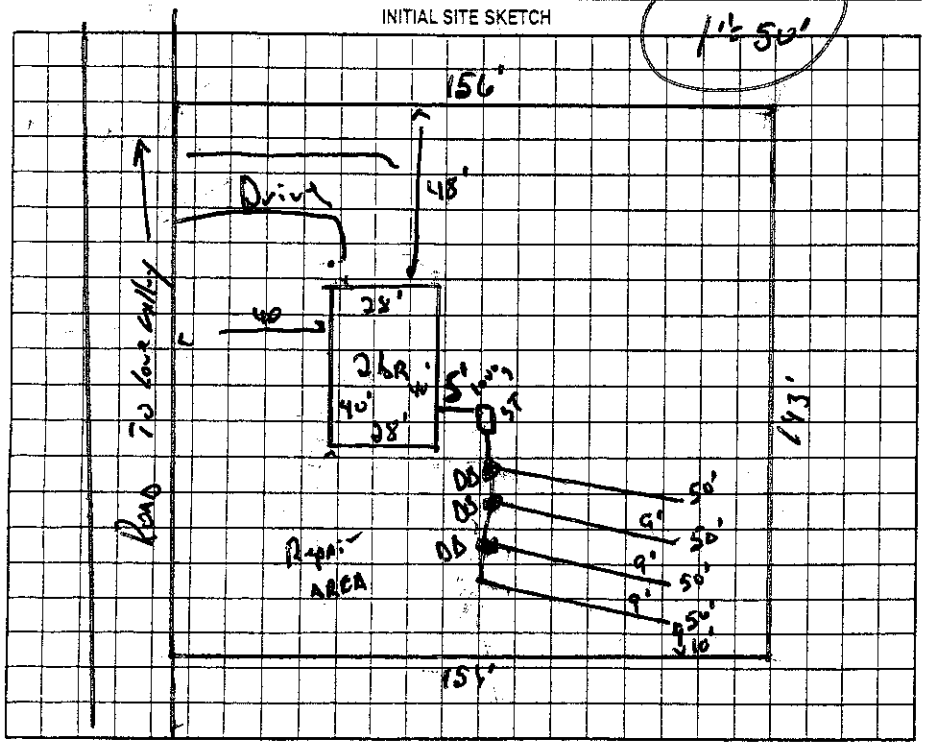
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth NA ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow contour

Comments:/Conditions: Filter Installed
50 panels.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Drawn.

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: _____ date 3-2-07 Installed by: Andy Daniels

Improvement Permit by: _____, R.S. date 26 Jan. 07 Operation Permit by: _____, R.S. date 10 July 07

Authorization to Construct by: _____, R.S. date 26 Jan. 07 Existing System Inspection by: _____ date _____

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