Replaces Permit 00 issued 15 Dec. 06

1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139402 PIN# 4861-33-7124 DATE 14 March 07

OWNER OR APPLICANT Horn Building, Inc. PHONE: Business 704-878-2224 Home same

ADDRESS 229 Cedar Lake Drive Statesville, N.C. 28625

LOCATION I-77N TR Tomlin Mill TL Tabor Rd. TL Spantons Rd.

SUBDIVISION Dodge Hc Farms BLOCK / SECTION 2 LOT 24 LOT AREA 0.474 Ac. SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons: STB 1607 Date 4-2-07

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 4 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

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

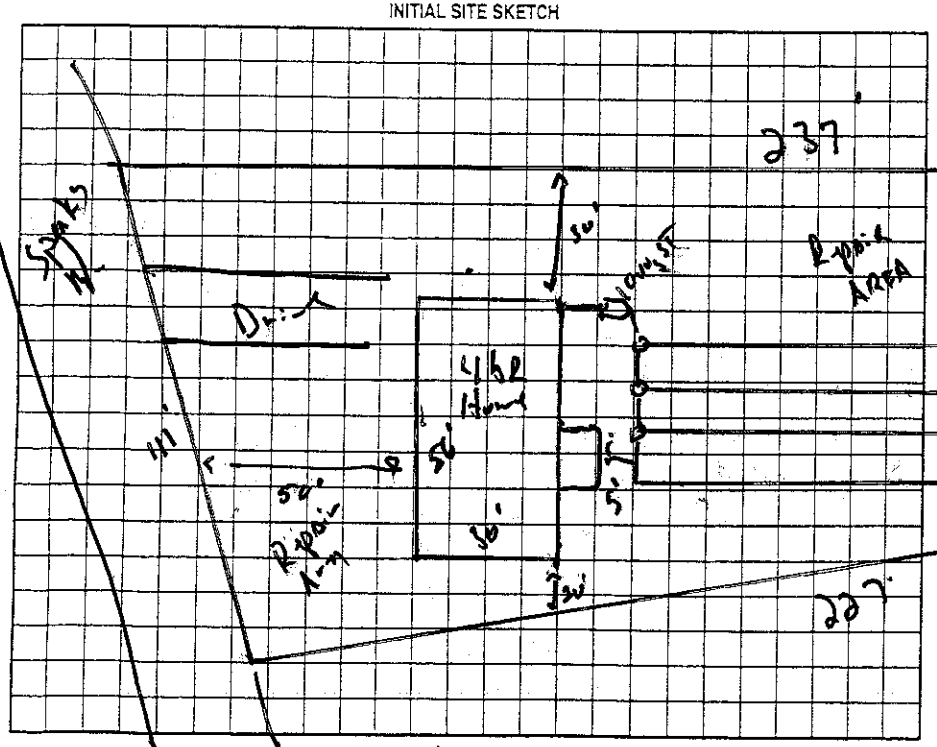
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

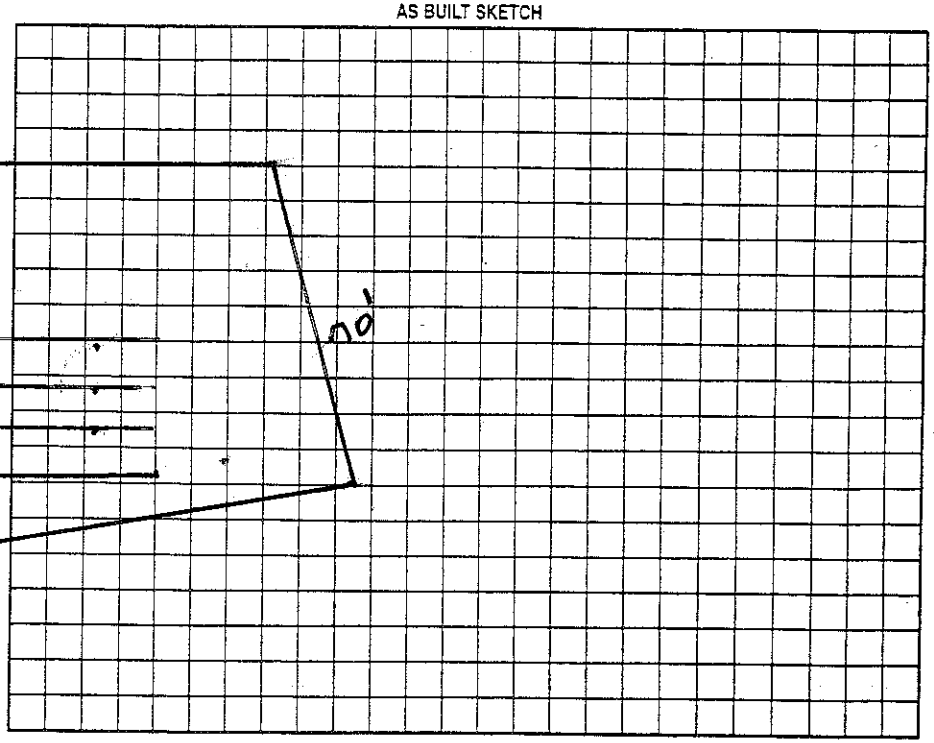
Comments:/Conditions: USE 3 drop - Bunks Follow contour

Comments:/Conditions: Brown Filter

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: _____ date _____ Installed by: Cothran & Sons

Improvement Permit by: _____, R.S. date 14 March 07 Operation Permit by: _____ date 5-23-07

Authorization to Construct by: _____, R.S. date 14 March 07 Existing System Inspection by: _____ date _____

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