IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138732 PIN# 3774-62-4843 DATE 27 June 08

OWNER OR APPLICANT David Ason PHONE: Business _____ Home 818-407-0025

ADDRESS 10240 Canoga Ave. Unit C Chatsworth, CA 91311

LOCATION Follow Shavers School Rd. Th Stewart Rock Rd. Th Kilbright TR Gravelnun Pt. TR Rivercliff TR Benson Ridge on Lot 7

SUBDIVISION Riverwalk BLOCK / SECTION III LOT 18 LOT AREA 1.09Ac. SITE CLASS. PS DESIGN FLOW 360g/d L.T.A.R. 0.3g/d/ft²

Septic Tank: 1000g Gallons: STB 825 Date 7-27-09

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet ≈ 1200 Linear Feet 300

No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth _____

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

System Description: 50% Red. Gravity

Repair System Description: 50% Red. LPP Distribution

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Install (@4)panels in 4 equal Valve length lines/ USE Flow-divider tee AND 2-D-Boxes/ Keep 50' From All wells./ Honor All setback requirements/ Follow contour with system.

Comments:/Conditions:

Blue Filter

INITIAL SITE SKETCH

Please see Attached. Layout PLAN

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.

7-8-09

Signed: _____ Brotherton of Schumacher Homes date 7/3/08

Improvement Permit by: _____, R.S. date 27 June 08

* Authorization to Construct by: _____, R.S. date 5/14/09

Installed by: Rowan Septic

Operation Permit by: _____ date 9-15-09

Existing System Inspection by: _____ date _____

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