THIS PERMIT REPLACES PREVIOUS ISSUED 6-2-05

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127663 PIN# 3774-64-0937 DATE 8-9-07

OWNER OR APPLICANT JENNIFER HAMLIN PHONE: Business 704-651-8964 Home

ADDRESS 9512 CHAROLAIS LANE, CHARLOTTE, NC 28213

LOCATION SHARON SCHOOL ROAD TO STEWART ROCK ROAD, TL RIVERWALK RD, 0.3 MILE ON RIGHT

SUBDIVISION RIVERWALK BLOCK / SECTION I LOT 6 LOT AREA 1.0506 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 4-24-07

Pump Tank: 1000 Gallons; PT 363 Date 5-28-07

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ TO 1600 Linear Feet 270

No Lines SIX Trench Width 24" Max Trench Bottom Depth 36" Min Depth 24" ☐ Gravity ☑ Pressure

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

System Description: 50% REDUCTION, PRESS. MANIFOLD

Repair System Description: 50% REDUCTION, LOW-PRESS

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

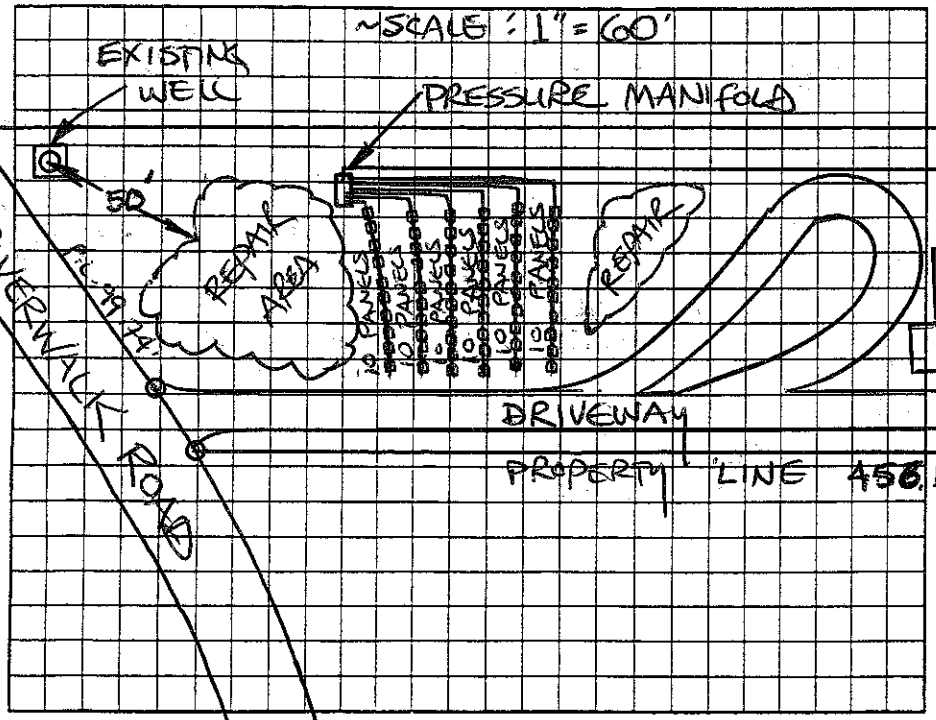
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

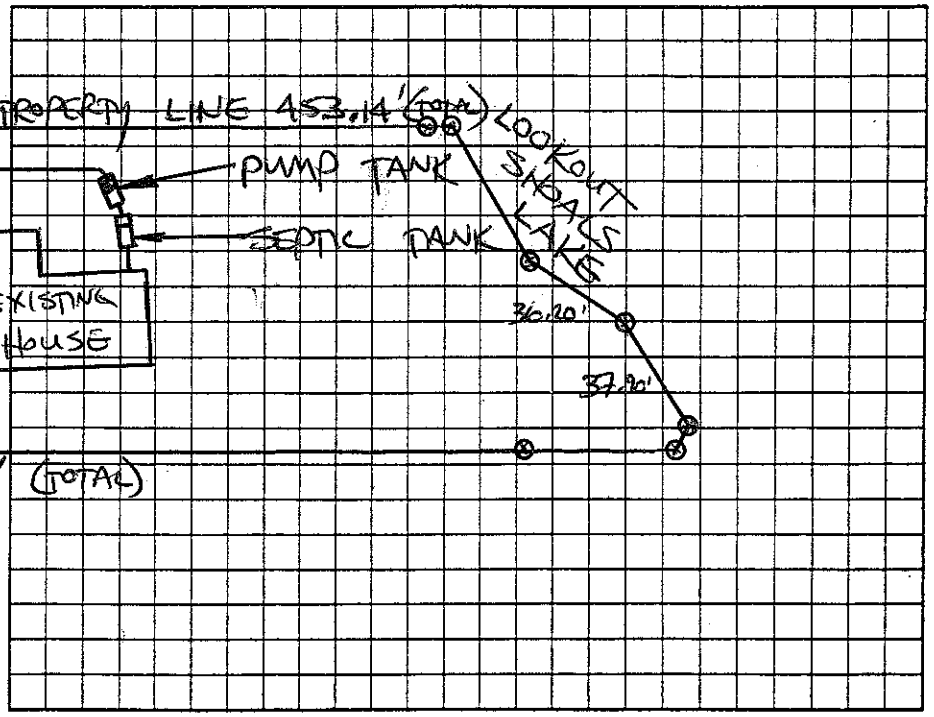
Comments/Conditions: ① INSTALL 50% REDUCTION SYSTEM AS SHOWN USING 60 PPBPS PANELS ON CONTOUR
② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING RED "POLYLOK" 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 8-10-07

Improvement Permit by: STEVE HEDRICK date 8-9-07

Authorization to Construct by: STEVE HEDRICK date 8-9-07

Installed by: TIM ABEE GRADING

Operation Permit by: _____, R.S. date 11-9-07

Existing System Inspection by: _____ date _____

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