IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235493

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

PIN # 4614-94-4342

APPLICANT/OWNER: Kenneth B Hogston Jr. APPLICANT ADDRESS: 201 Sunstede Dr. Mooresville, NC 28117

SITE ADDRESS: 201 Sunstede Dr. Mooresville, NC 28117 PHONE: 276-701-6061 ALT. PHONE —

SITE DIRECTIONS: BSR towards Lake Norman → R on Tuskarora Trail → R on Sunstede → House on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 6 LOT # 296 LOT AREA: 0.99 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (Ex) (gal)	STB	338	Date	11-12-11	☐ New System	☒ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1500 (gal)	PT	363	Date		System Description:	LP-PPBPS (50% Reduction)			☐ Business	No. Persons 8
Pump Make	Goulds	Model	1/3HP 230V	Serial #		Repair System Description:	Existing 25% Reduction + TSII 50% Reduction			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	5	Linear Ft	267	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: 62 total panels. Set pump to dose system no more than 160 gallons per pumping event (Recommended) Also recommend an event counter to track pumping events + a timer control panel installed to limit dosing of system to 70% of design flow per 24-hour period.

INITIAL SITE SKETCH

See attached 40-scale drawing approved

4-18-2018

AS BUILT SKETCH

5/9/18 Set 2ft pressure, Checked elect. & alarm & lower 2 drain lines MD

	Date	Initials
Drain Lines Checked		
Tanks Checked	5-8-18	KW
Pressure Manifold or Valve Box Checked	5/9/18	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked	5/9/18	MD
Maintenance Contract (Y) N	5-16-18	KW
Comments: *tank needs letter (no date on tank) *checked 1st 3 drain lines		letter attached

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

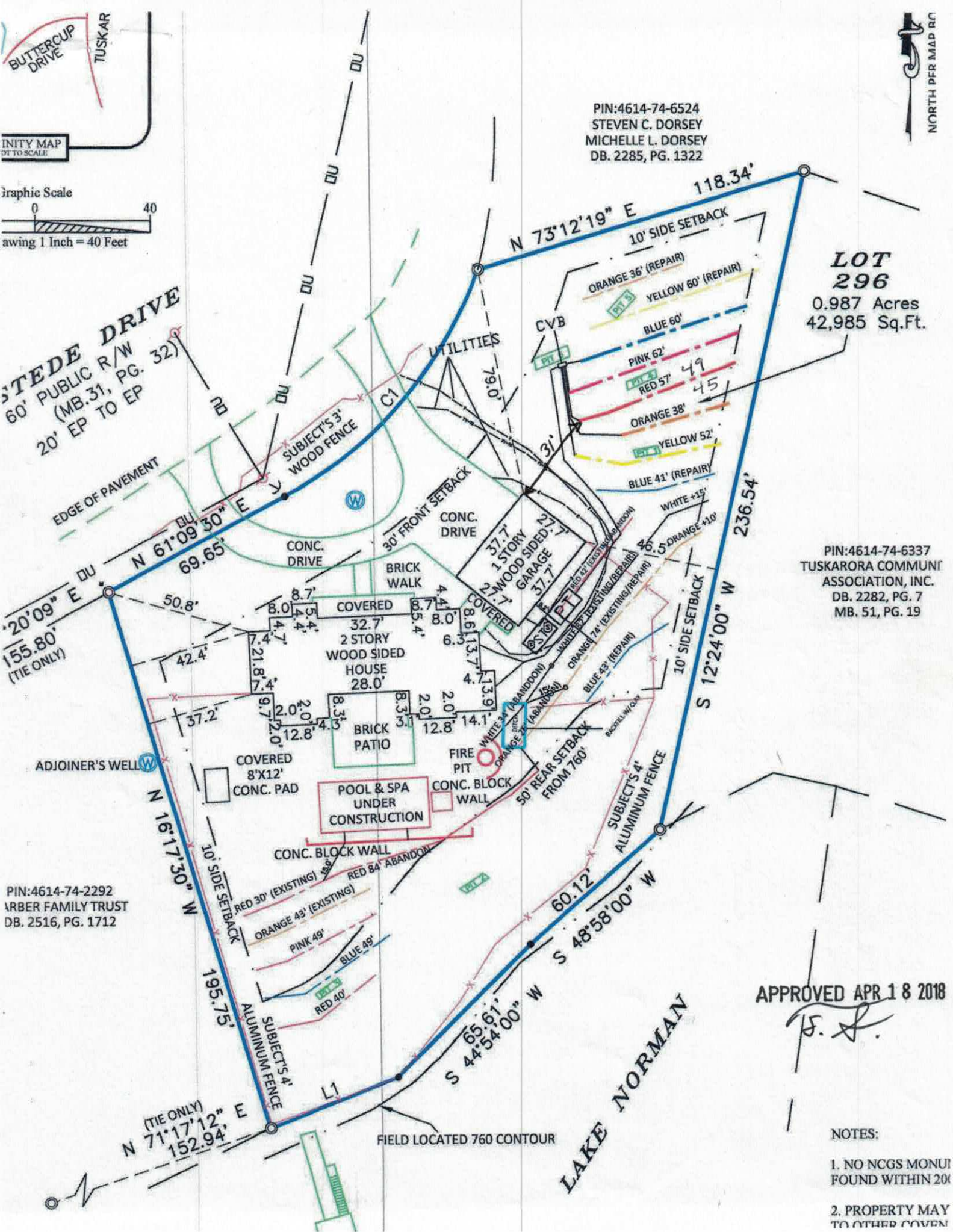
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kenneth B Hogston Date: 4/23/18 Installed by: Lentz

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/18/2018 OPERATION PERMIT by: Kayla Watson Date: 5-16-18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/18/2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


BUTTERCUP DRIVE
TUSKAR
INITY MAP
OT TO SCALE
Graphic Scale
0
40
awing 1 Inch = 40 Feet
NORTH PER MAP RO
PIN:4614-74-6524
STEVEN C. DORSEY
MICHELLE L. DORSEY
DB. 2285, PG. 1322
118.34'
N 73°12'19" E
10' SIDE SETBACK
LOT
296
0.987 Acres
42,985 Sq.Ft.
STEDE DRIVE
60' PUBLIC R/W
(MB.31, PG. 32)
20' EP TO EP
UTILITIES
C1
79.0'
SUBJECT'S 3' WOOD FENCE
EDGE OF PAVEMENT
N 61°09'30" E
69.65'
30' FRONT SETBACK
CONC. DRIVE
37.7'
1 STORY
WOOD SIDED
GARAGE
37.7'
ORANGE 36' (REPAIR)
YELLOW 60' (REPAIR)
BLUE 60'
PINK 62'
RED 57'
ORANGE 38'
YELLOW 52'
BLUE 41' (REPAIR)
WHITE +15'
ORANGE +10'
236.54'
S 12°24'00" W
10' SIDE SETBACK
PIN:4614-74-6337
TUSKARORA COMMUNI
ASSOCIATION, INC.
DB. 2282, PG. 7
MB. 51, PG. 19
CONC. DRIVE
BRICK WALK
COVERED
32.7'
2 STORY
WOOD SIDED
HOUSE
28.0'
BRICK PATIO
COVERED
8'X12'
CONC. PAD
ADJOINER'S WELL
FIRE PIT
POOL & SPA
UNDER
CONSTRUCTION
CONC. BLOCK WALL
50' REAR SETBACK
FROM 760'
SUBJECT'S 4'
ALUMINUM FENCE
N 16°17'30" W
195.75'
10' SIDE SETBACK
RED 30' (EXISTING)
ORANGE 43' (EXISTING)
PINK 49'
BLUE 49'
RED 40'
RED 84' ABANDON
CONC. BLOCK WALL
S 48°58'00" W
60.12'
S 44°54'00" W
65.61'
L1
(TIE ONLY)
N 71°17'12" E
152.94'
FIELD LOCATED 760 CONTOUR
LAKE NORMAN
PIN:4614-74-2292
ARBER FAMILY TRUST
DB. 2516, PG. 1712
APPROVED APR 18 2018
NOTES:
1. NO NCGS MONU
FOUND WITHIN 20
2. PROPERTY MAY
TO OTHER COVEN

PROPERTY ID #: 4694743472
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Ken Hogston
ADDRESS: 201 Sunstede Drive, Mooresville NC 28117
PROPOSED FACILITY: 4BR
LOCATION OF SITE: Same
APPLICATION DATE: Jan 2018
DATE EVALUATED: March 2018
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 0.987 ac
PROPERTY RECORDED: Yes

WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P1	L/12%	0-4	RBscl wmsbk	FrSSSPSExP	f sap	62	–	–	PS 0.325-0.3
		4-25	RCwms bk/blk	" " " "					
		25-62	BR wmsbk	" " " "					
P2	L/14%	0-5	BSclwfsbk	FrSSSPSExP	f (wet) f. Hard, incl. of rock	30	PS	–	PS 0.125 DRIP or 0.3 in sap.
		5-19	BRCwms bk/blk	FrSSPSExP					
		19-30	RBclwfsbk	FrSSSPSExP					
		30-60	Var/mass	" " " "					
P3	L/10%	0-5	BSclwfsbk	FrSSSPSExP		65	–	–	PS 0.3
		5-20	BRCmmsbk	" " " "					
		20-65	RBCl wmsbk	" " " "					
P4	L/12%	0-8	BSclwfsbk	FrSSSPSExP		54	–	–	PS 0.3
		8-28	RCwmsbk/sbk	" " " "					
		28-36	RCwmsbk	" " " "					
		36-54	RBclwfsbk	" " " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	HYBRID- PPBPS EXISTING ACCEPTED
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins + Tom Shuck
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 461474347
DATE OF EVALUATION: March 2018
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P5	4/5%	0-8	FILL (gravel)			52	-	-	PS 0.3-.525
		8-11	BRc nmsbk	Fr SS SP SE XP					
		11-20	Rc nmsbk	" " " "					
		20-60	BRcl nmsbk	" " " "					
P6	4/6%	0-5	RB scl nmsbk	Fr SS SP SE XP	-comp. -f[mn]	62	-	-	PS 0.3
		5-7	BRcl nmsbk	" " " "					
		7-18	Rc nmsbk	" " " "					
		18-62	BRcl cfsbk	" " " "					

COMMENTS:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: ___ APPLICATION DATE ___
ADDRESS: ___ DATE EVALUATED: 3/16/18
PROPOSED FACILITY: 4BR PROPOSED DESIGN FLOW (.1949): 480spd PROPERTY SIZE: ___
LOCATION OF SITE: Sunstate PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P1	4/6%	0-4	RBscl wmsbk/gr	FrSSSPSExP					PS
		4-25	Rc wmsbk/Abk	FSPSExP	18-25 stone line				0.325
		25-62	BRcl wmsbk	FrSSSPSExP	fsap	62	—	—	
P2	4/12%	0-5	Bscl wfsbk	FrSSSPSExP					PS-30
		5-19	BRc wmsbk/Abk	FrSSSPSExP		30	+	—	0.1 DRIP
		19-30	RBcl wfsbk	FrSSSPSExP					
		30-60	var/mass	FSSSPSExP	f. incl. of Hard Rock. <50%				
P3	4/7%	0-5	Bscl wfsbk	FrSSSPSExP					PS
		5-20	BRc wmsbk	FrSSSPSExP		65	—	—	0.3
		20-65	RBcl wmsbk	" " " "	fsap				
P4	4/8%	0-8	Bscl wfsbk	FrSSSPSExP					PS
		8-28	Rc wmsbk/Abk	" " " "		54	-	—	0.3
		28-36	Rc wmsbk	" " " "					
		36-54	RBcl wfsbk	" " " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Sunstate PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
P5	L/2%	0-8	FILL		compacted	60	–	–	PS .3-.325
		8-11	BRc wmsbk	H ss sp sexp					
		11-20	Rc wmsbk	Fr sss p sexp					
		20-60	BRcl wfsbk	" " " "					
P6	L/5%	0-5	FILL			62	–	–	PS 0.3
		5-7	BRc wmsbk	H ss sp sexp	compacted				
		7-18	Rc wmsbk	Fr sss p sexp	[mm] 10-22"				
		18-62	BRcl wfsbk	" " " "					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

Kayla Wilson

From: Jimmy Shoaf <jimmy@shoafprecast.com>
Sent: Wednesday, May 9, 2018 3:11 PM
To: Kayla Wilson
Subject: FW: date on tank at 201 Sunstede Drive

Kayla
The date on the 1000 gal top seam pump tank delivered to 201 Sunstede Drive set for Lentz Wastewater was poured on 10/23/17 with 4000 psi concrete. This tank meets or exceeds all NC State regulations.
Thanks
Jimmy Shoaf

Jimmy Shoaf
4130 W US HWY 64
Lexington, NC 27295
336-787-5826
www.shoafprecast.com

ExchangeDefender Message Security: Check Authenticity

RECEIVED FEB 1 9 2018

REDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Repair Evaluation - No Chg

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

****

Page 2: *Site Plan Worksheet* form MUST accompany this application # 233493

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kenneth B Hogston Jr. Address: 201 Sunstede Dr Mocksville, NC Zip: 28117

Applicant Email: Khogston@gmail.com Phone: 276-701-6061 Alt. Phone: NA

Owner Name: SAME AS Above Address: SAME Zip: _____

Owner Email: SAME Phone: SAME Alt. Phone: NA

****

Property Information:

Street Address: 201 Sunstede Dr

Subdivision Name: ~~NA~~ CLST Section/Phase: 6 Lot Number: 296

Driving Directions: Down Brawley School to Tuskarora Trail 1 mile to Sunstede Dr.
White Cottage .3 mile on Left

****

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
(X) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

****

Water Supply: ( ) Replacement Well – Reason: Drainlines have been damaged due to escavation
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2012
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

****

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Kenneth B Hogston Jr. 02-19-'18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Kenneth B Hogston, am the legal owner(s) of the property located at 201 Sunstead Dr, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4614744342, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NA, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Kenneth B Hogston 02-19-18

Signature of Owner(s) Date

_____ _____

Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

2100

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☒ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 170172 PIN # 4614744342 DATE 4-30-2012

OWNER Mike Shalvoy APPLICANT: Mike Shalvoy PHONE: Home/Cell # 7046626991 Business # 9807221118

SITE ADDRESS 201 Sunstede, M'ville. OWNER / APPLICANT ADDRESS 289 Chandeleur Dr

SITE DIRECTIONS Brawley School Rd TR Tuskarora TR Sunstede on left #201

SUBDIVISION C & T BLOCK / SECTION C LOT # 296 LOT AREA .99 Ac. DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 338 Date 11-2-11

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 5 Linear Feet 400'

Trench Width 36" Max. Trench Bottom Depth 24"-36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Pump 25-50% Reduction

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☒ Slab ☐ Crawl Space

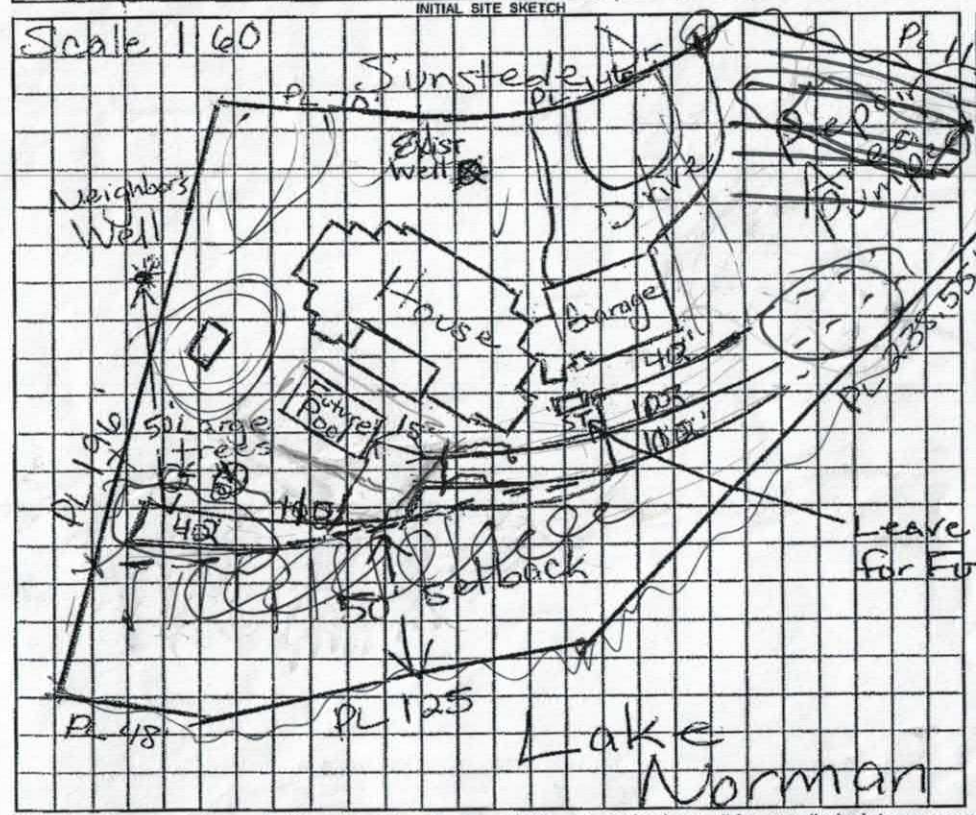
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Try to keep 24" trench bottom on Upper trenches. Ok to be 36" on lower trenches. Keep Septic System 50ft from any well, 50ft from lake & 5ft from house.

* Serial distribution on drainlines. (Use "mutti-port") to center feed long lines. Keep Supply line at least 25ft to lake. Okay to end feed lines if preferred. Note: Any Future Pool must be 15ft from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

Used Quick 4. Installed as Drawn

Leave Room for Future Pump tank

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

Owner / Applicant Signature: [signature] Date 5/2/12 Installed by: Larry Henkle

IMPROVEMENT PERMIT by: [signature] REHS Date 4/30/12 OPERATION PERMIT by: [signature] REHS Date 5/11/2012

AUTHORIZATION TO CONSTRUCT by: [signature] REHS Date 4/30/12 Existing System Inspected by: ____ REHS 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