IREDELL COUNTY HEALTH DEPARTMENT

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

DS/

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

PERMIT# 125047 PIN# 4624362585 4624-27-8049

OWNER OR APPLICANT Lifestyle Custom Homes

ADDRESS 5706 Buck Dr Concord, NC 28027 PHONE: Business ______ Home 704 795-1733 DATE 9/23/08

LOCATION Brawley School Rd TR Bunkerway, On right

SUBDIVISION Point BLOCK / SECTION 10 LOT 1002 LOT AREA 30,142 ft² SITE CLASS. PS DESIGN FLOW 480 gpd LT.A.R. .25

Septic Tank: 1000 Gallons; STB 444 Date 8-24-08

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480'

No Lines 6 Trench Width 36" Max Trench Bottom Depth 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: LP - Panel Block

Maintenance Agreement Required: ☐ Yes ☐ No

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

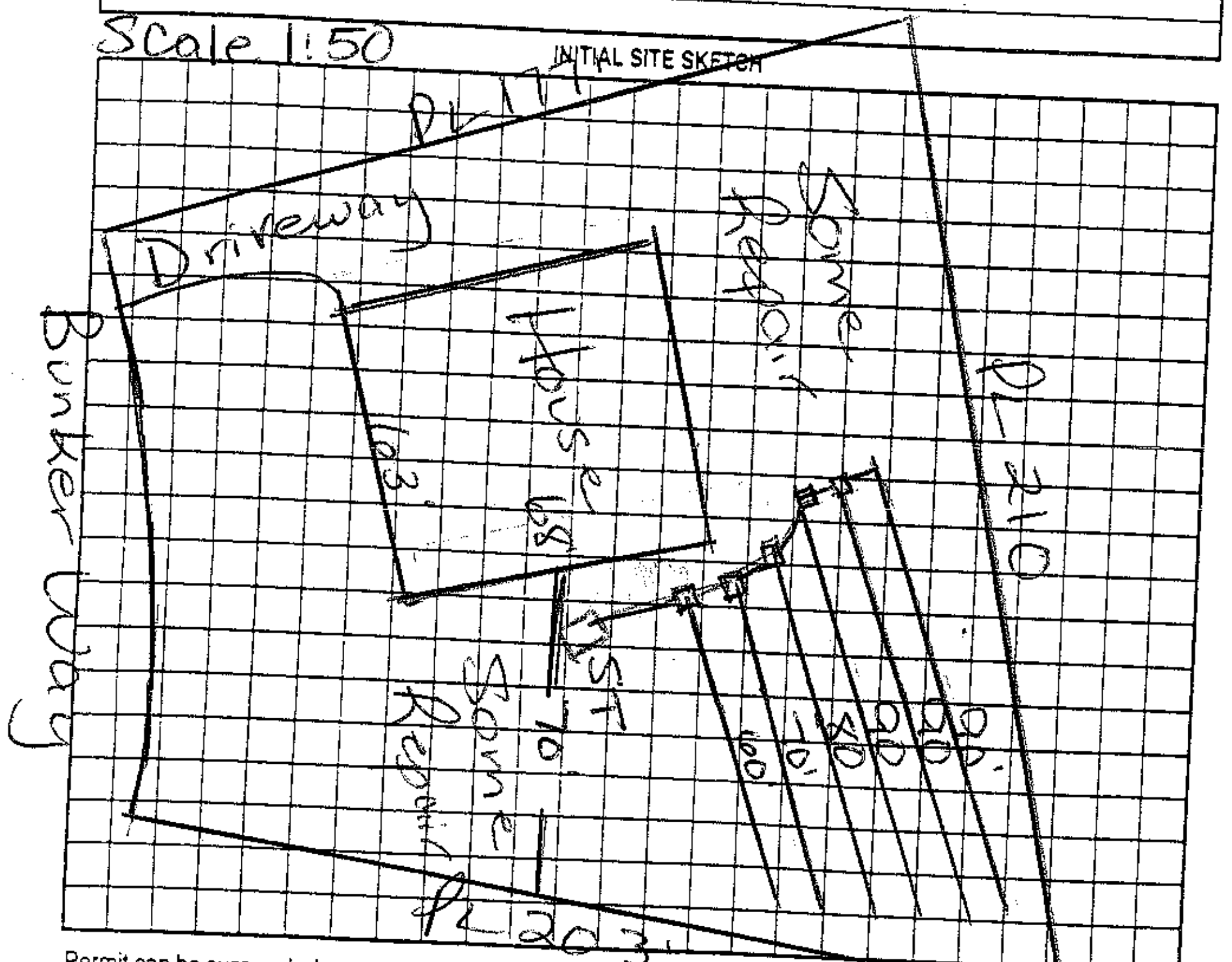
No. Bedrooms 4 No. Persons ______ No. Employees ______

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

Scale 1:50

INITIAL SITE SKETCH



Comments:/Conditions: 10/1/08 Faxed Redraw permit to Tri-County

10/1/08 Installed EZ Flow as Drawn

Soil in trenches .3

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: [signature] date 9/24/08

Improvement Permit by: [signature] RS date 9/23/08

Authorization to Construct by: [signature] RS date 9/23/08

Installed by: Hallman Construction

Operation Permit by: [signature] RS date 10/1/08

Existing System Inspection by: ______ date ______

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