IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108730 PIN# 4629-22-5905, 4462459 6823 DATE

OWNER OR APPLICANT Lifestyle Custom Homes PHONE: Business 980 721 0917 Home

ADDRESS 5706 Bark Dr.

LOCATION BSR, TL Torrence Chapel, TL Shellbuan, TL Cap Cod, TL Quincey, at End

SUBDIVISION Point BLOCK / SECTION II LOT 1148 LOT AREA 1.3299 ac SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 338 Date 10/10/06

Pump Tank: 1500 Gallons; PT 477 Date 9/28/06

Pump Make: Gouds Model WPE0-512HH Serial No. 506199-485

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500

No Lines 4 & 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Pump 25% Reduct.

Repair System Description: Pump Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 5 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☐ Public ☒ Community

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

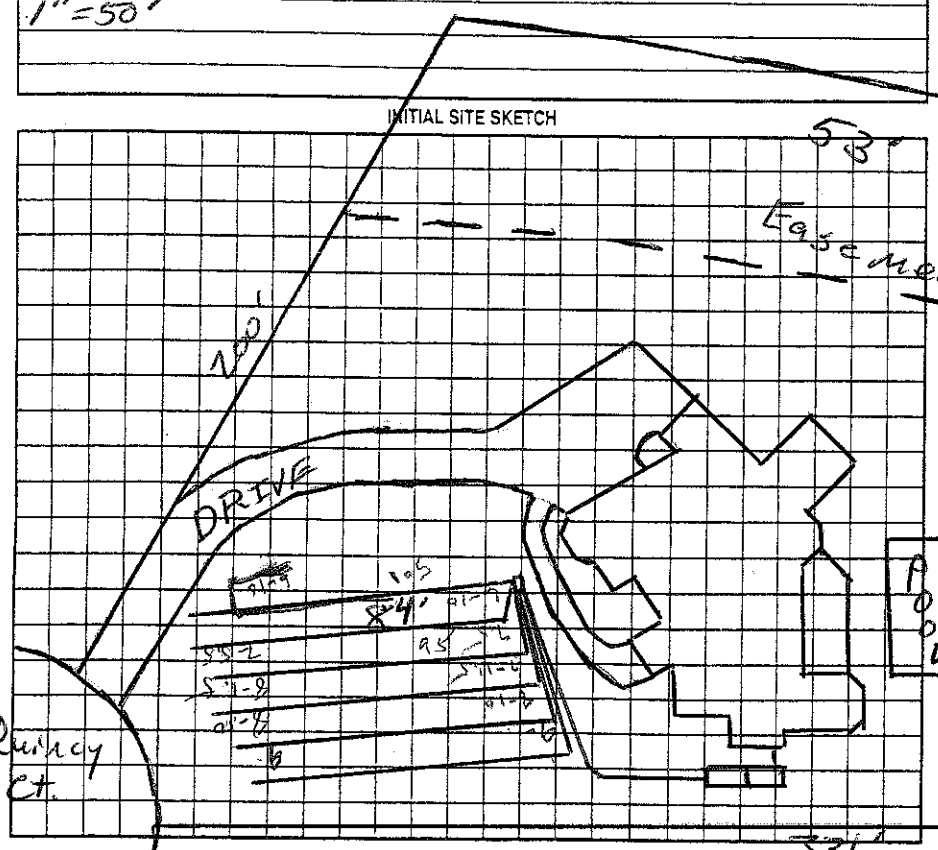
Comments:/Conditions:

1"=50'

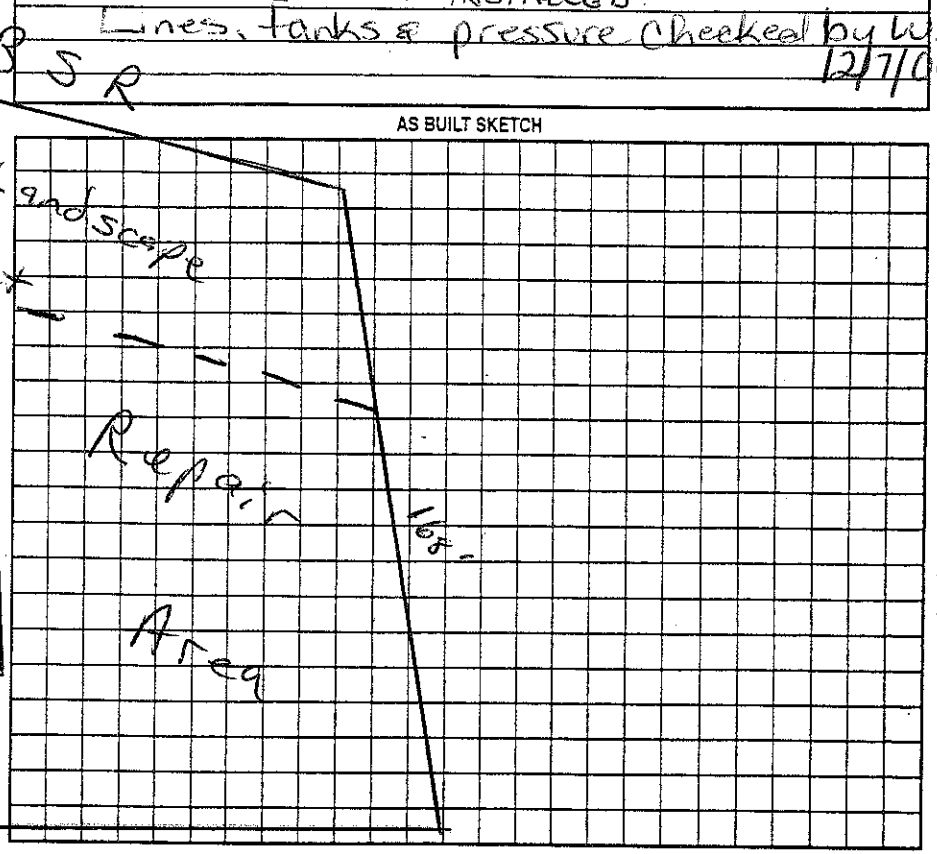
Comments:/Conditions: EZ FLOW INSTALLED.

Lines, tanks & pressure checked by LS 12/7/06

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 11/16/05 Installed by: Hallman

Improvement Permit by: _____ RS date 11/8/05 Operation Permit by: Maria H. Dotson RS date 11/14/07

Authorization to Construct by: _____ RS date 11/8/05 Existing System Inspection by: _____ date _____

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