IREDELL COUNTY HEALTH DEPARTMENT

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

550.00 A, Q

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

PERMIT# 132320 PIN# 4635-79-8634 DATE 5/4/06

OWNER OR APPLICANT Shelley Southard PHONE: Business _____ Home _____

ADDRESS 3 Johns Ct. Danbury Ct 06810

LOCATION RSR, S Stutts, TL 2nd Commodore Lp, on Rt [redacted]

SUBDIVISION Commodore Pt BLOCK / SECTION _____ LOT 52 LOT AREA 10,201 ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 799 Date 11-6-07

Pump Tank: 1000 Gallons; PT 327 Date 1-27-08

Pump Make: Goulds Model PES1M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200'

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

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

System Description: LP panel Block

Repair System Description: Limited-Deeded Rs

Maintenance Agreement Required: ☒ Yes ☐ No to 1993

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

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

Water Supply: ☐ Individual ☐ Public ☒ Community

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

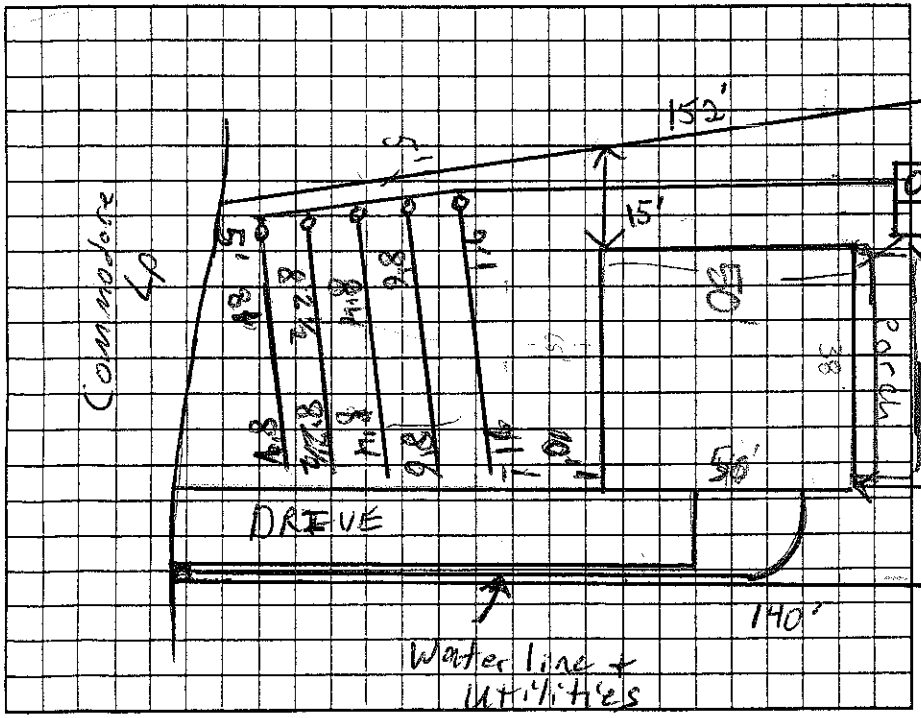
Comments:/Conditions:

1" = 30'

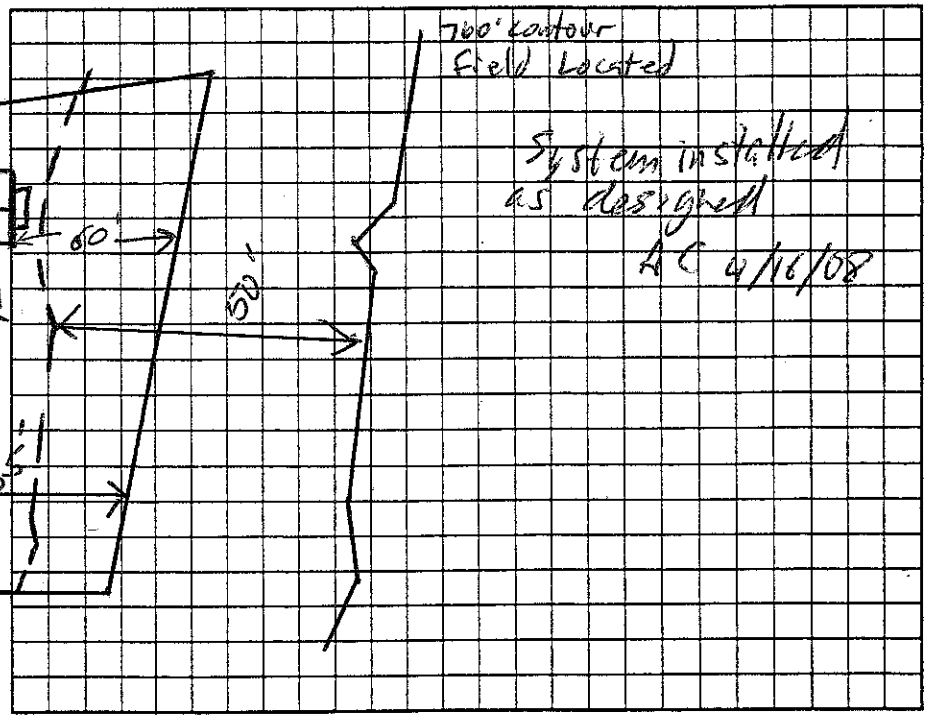
Comments:/Conditions: Tanks, lines, + pressure checked & set. 3/24/08

Electrical checked 4/16/08

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: Becky Webb date 5/30/06

Improvement Permit by: [signature] date 5/8/06

Authorization to Construct by: [signature] date 4-13-07

Installed by: Richard Abernathy

Operation Permit by: Anthony Cobb date 4/16/08

Existing System Inspection by: _____ date _____

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