IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122288 PIN# 4636.32.8692.043 DATE 11/18/05

OWNER OR APPLICANT Orleans Home Builders PHONE: Business 704 357 6632 Home

ADDRESS 1930 Center Park Dr. Charlotte, NC 28217

LOCATION [illegible]

SUBDIVISION [illegible] BLOCK/SECTION LOT 43 LOT AREA .70 SITE CLASS PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank 1500 Gallons; STB 338 Date 1/20/06
Pump Tank 1000 Gallons; PT 477 Date 1/17/06
Pump Make ___ Model ___ Serial No ___
Nitrification Field. No Fields 1 Square Feet 696 Linear Feet 348
No Lines 4@87 Trench Width 2' Max Trench Bottom Depth 3' Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LP - 16" PPBPS
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

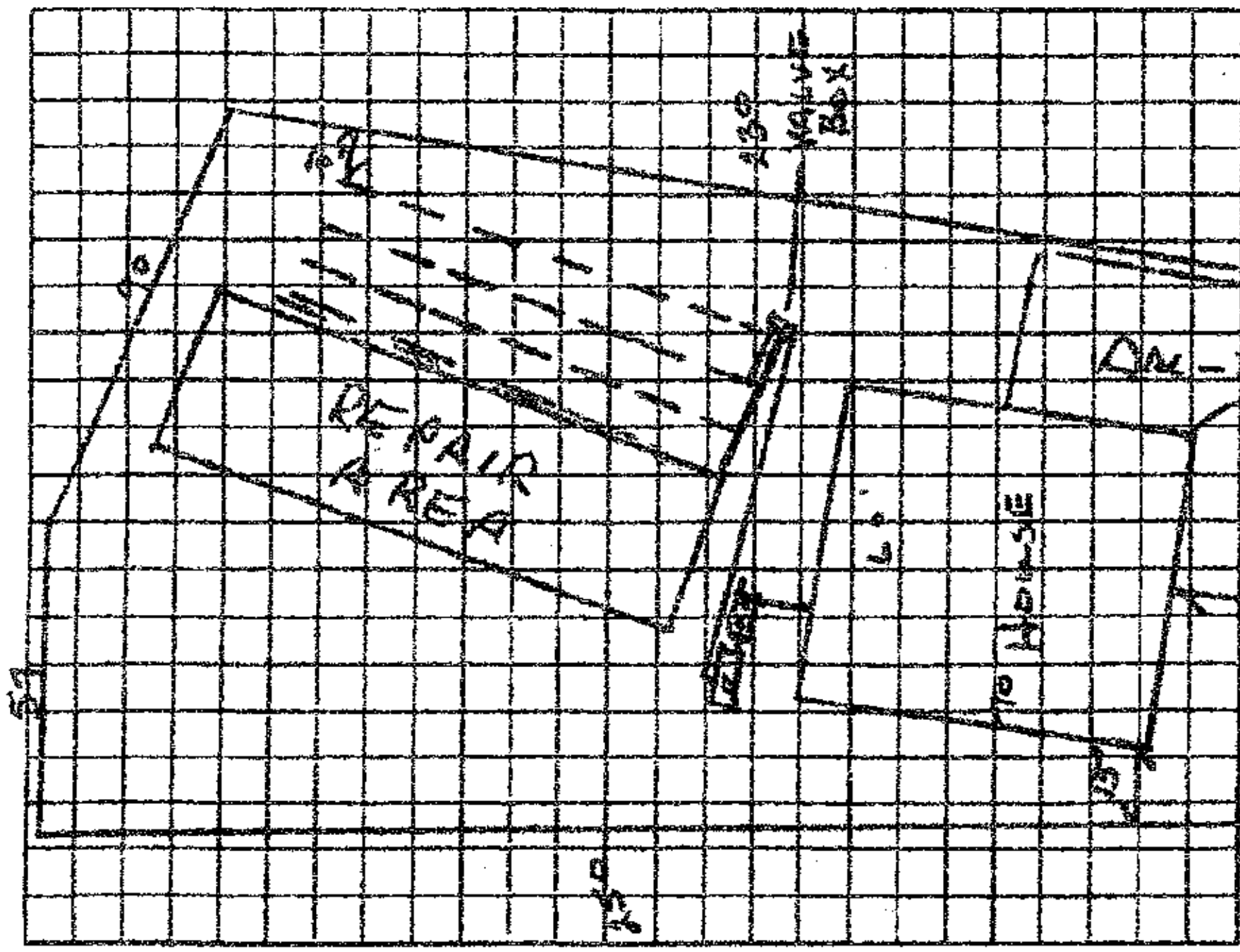
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Persons 4 No. Employees ___

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments/Conditions: 80 Panels, 8 GPM Min Pump Rating 2' Pressure Head, Elev. Head to be determined by Contractor on site.

Comments/Conditions: Tanks & lines checked by WS 3/8/06 Pressure checked by MD 3/14/06

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 [signature] date 11/22/05 Installed by: [illegible]

Improvement Permit by: Wesley Sparks R.S. date 11/18/05 Operation Permit by: [signature] date 4-25-06

Authorization to Construct by: Wesley Sparks R.S. date 11/18/05 Existing System Inspection by: ___ date ___

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