IREDELL COUNTY HEALTH DEPARTMENT

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

100.00 Paid 1:00

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

PERMIT# 124421 PIN# 4636-76-3226.004 4636-66-9499 DATE 11/17/05

OWNER OR APPLICANT EFC Assoc. PHONE: Business _____ Home _____

ADDRESS 101 Castle Gate

LOCATION RSR, TL Canvasback, TR Old Squaw, TL Bluff Doe, TR Pintail Run, on Rt

SUBDIVISION Links @ M H BLOCK / SECTION _____ LOT 4 LOT AREA 0.98 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 100 Date 1/9/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 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: Gravity 25% Reduct.
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

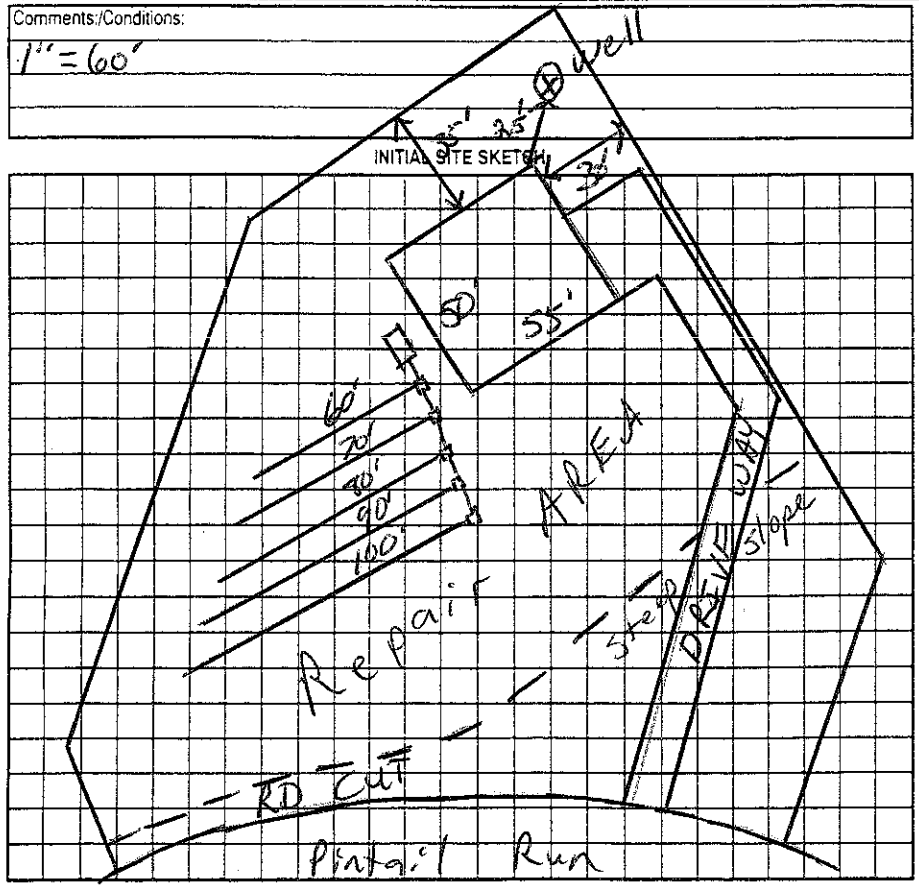
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions:
1" = 60'

INITIAL SITE SKETCH



Comments/Conditions: ST W/ MARKER AND LABEL FILTER. INSTALLED WITH 100 QUICK-4 INFILTRATORS. AS DRAWN

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] 11.21.05 date _____ Installed by: RICHARD ABERNATHY GRADING

Improvement Permit by: [signature] RS date 11/17/05 Operation Permit by: [signature] date 3/8/06

Authorization to Construct by: [signature] RS date 11/17/05 Existing System Inspection by: _____ date _____

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