IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127379 PIN# ~~4638476228~~ 4638476528 DATE 9/15/05

OWNER OR CONTRACTOR Rob Sabota PHONE: Business _____ Home _____

ADDRESS 1115 Mt. Carmel Church Rd Chapel Hill, NC 27517

LOCATION Perth, TL Stumpy Crk, TL Collingswood, TR Folkstone TR Kyle, on R+

SUBDIVISION CL+T BLOCK / SECTION 14 LOT 89 LOT AREA 0.82 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35

Septic Tank: 1000 Gallons: STB ~~821~~ 840 Date _____

Pump Tank: 1000 Gallons: PT _____ Date _____

Pump Make: ~~ESPOCONS~~ Model# WE503M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1032 Linear Feet 344'

No Lines 4@86' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Press. Manif. 25% Reduct.

Repair System Description: LP Sand Block

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

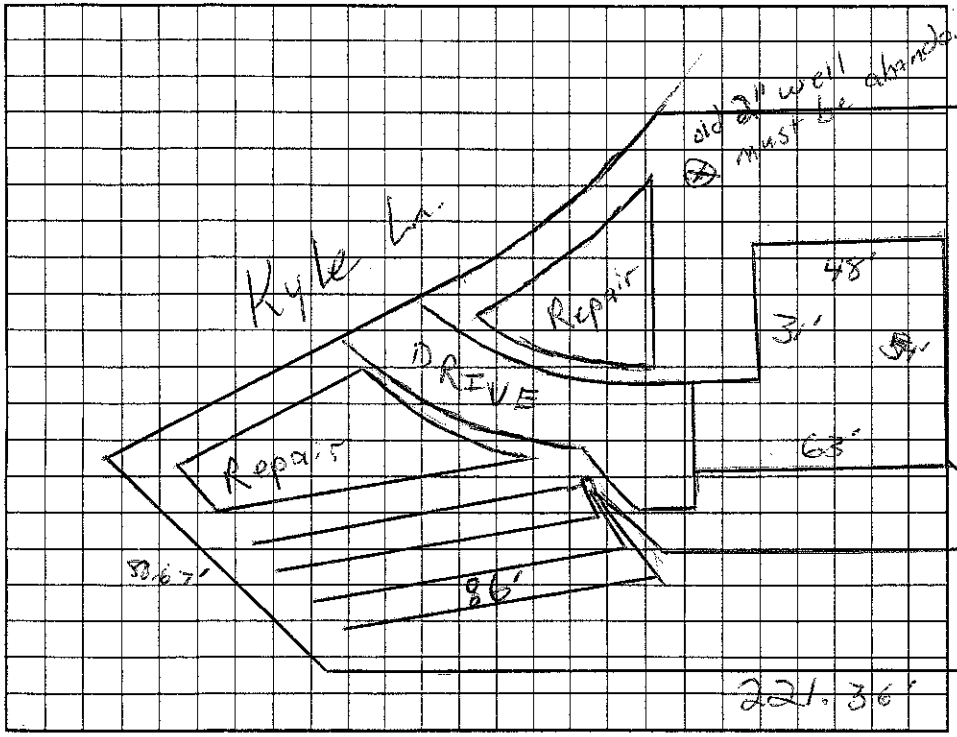
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

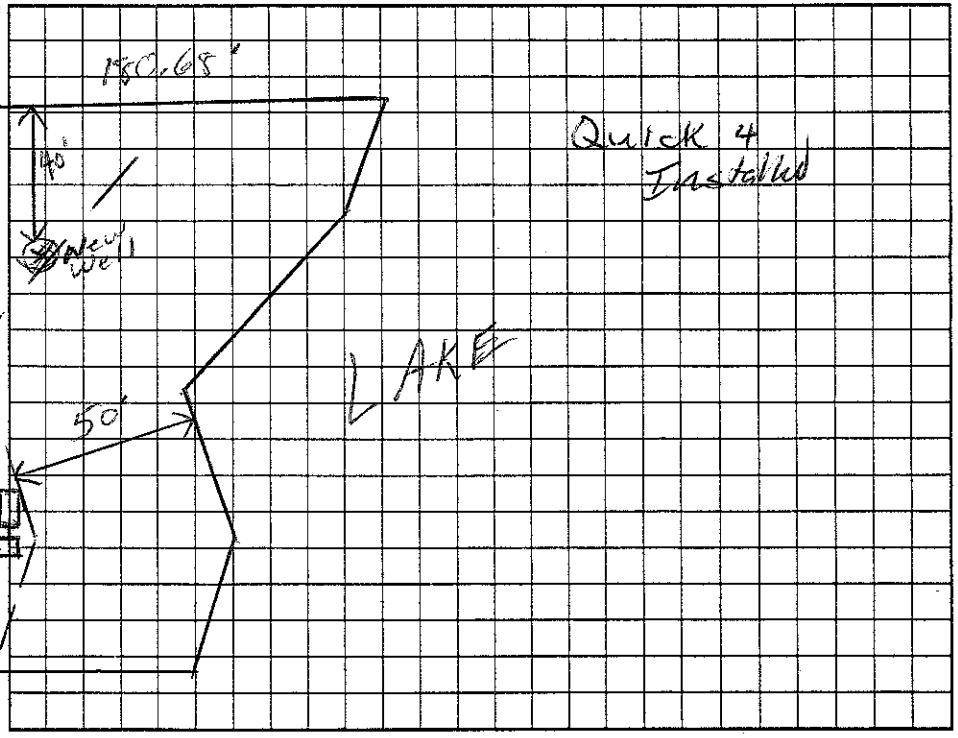
1"=50'

Comments:/Conditions:

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: Robert M Sabota date 4/14/05

Improvement Permit by: RS date 4/13/05

Authorization to Construct by: RS date 4/13/05

Installed by: Randy Sipe

Operation Permit by: RS date 11/15/05

Existing System Inspection by: _____ date _____

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