IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092472 PIN# 4645279000 Carolyn Brown DATE 11-14-2002

OWNER OR CONTRACTOR Michael Somoskey STEVEN PLYSCHAK PHONE: Business 548-3632 Home Stephen 845 528-5283

ADDRESS 1178 Leonard Blvd Kent, OH 44240 347 865-5749

LOCATION Williamson Rd TL Alcove TR Templeton - left Camino Real on left past Queen's Cove

SUBDIVISION Queen's Cove BLOCK / SECTION 3 LOT 132 LOT AREA 1.53 Acre SITE CLASS. 45 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 4-14-03

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth _____

X New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: _____ Same

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ___

☐ Other _____

NA ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions:

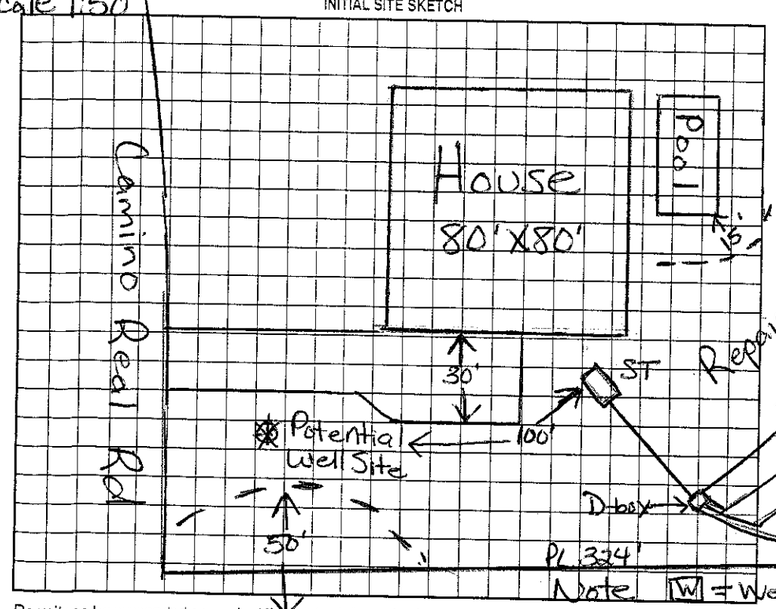
PL 238'

50'

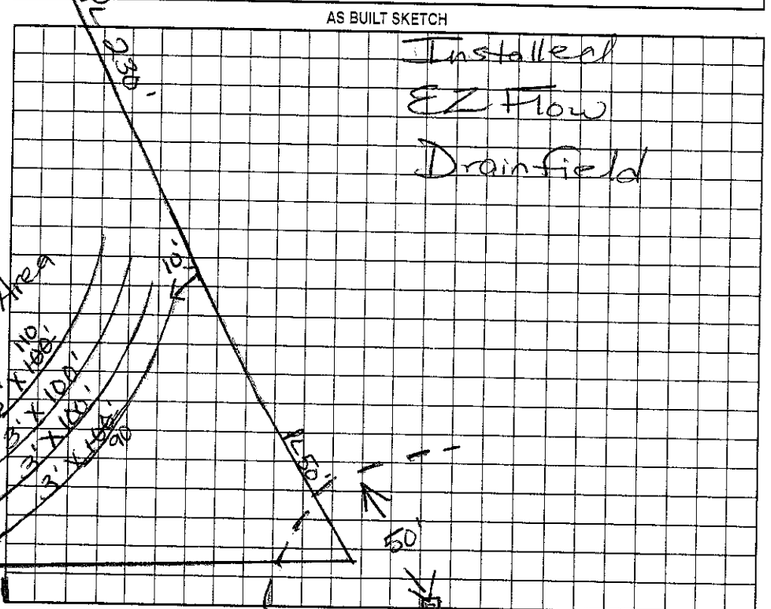
Comments:/Conditions:

Scale 1:50

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: Carolyn Brown date 11-21-02 Installed by: R&H Inc

Improvement Permit by: Maria H Dolson R.S. date 11/14/02 Operation Permit by: Maria H Dolson R.S. date 5/15/03

Authorization to Construct by: C. B. date 12/13/02 Existing System Inspection by: _____ date _____

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