11-11 2c

10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141677 PIN# 4646135528 4646-41-1612 DATE 3-29-07

OWNER OR APPLICANT Ron West Developers PHONE: Business _____ Home _____

ADDRESS 127 B Promade Dr. Mooresville NC 28117

LOCATION Williamson Rd. Lt on Alcove, Quick Rt on Catalina, Lt Knox Haven, at end on right

SUBDIVISION KNOX HAVEN BLOCK / SECTION _____ LOT 7 LOT AREA .60 Acre SITE CLASS. P.S DESIGN FLOW 480 L.T.A.R. .50

Septic Tank: 1000 Gallons; STB 1001 Date 8-29-01

Pump Tank: 1000 Gallons; PT 274 Date 9-4-01

Pump Make: Zoeller Model N152 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267

No Lines 5@54' Trench Width 24" M.A 36" Any Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☑ Pressure

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

System Description: Low Pressure PPBPS

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community X-CITY WATER

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

Comments:/Conditions:

1) Install lines on Contour, ~~another~~ with 5 valves
2) Keep any tall parts of ~~the~~ system a minimum of 10' from city water line to house piping - including Repair Area

Comments:/Conditions: 5/32" hole drilled 10/12/07 Checked tank & lines (24" trench)

INITIAL SITE SKETCH

See plans from Rollins Env. Serv. 28

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: _____ date _____ Installed by: Wayne Clontz

Improvement Permit by: John E Aleph date 3/29/07 Operation Permit by: J Wesley Sparks R.S. date 12/27/07

Authorization to Construct by: John E Aleph date 3/30/07 Existing System Inspection by: _____ date _____

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