IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 14305244 PIN # 4646 42 7471 DATE 10-11-2010

OWNER or APPLICANT Ronnie Broome / Dale Seelman PHONE: Business 704 902 2057 Home: 704 528-6837

OWNER or APPLICANT ADDRESS P.O. Box 248 Troutman, NC 28166

LOCATION / DIRECTIONS US 21 S. Cross over I-77 TL Alcove TR Catalina Rd TR Catalina Place Dr. at end on right

SUBDIVISION Catalina Ridge BLOCK / SECTION LOT # 4 LOT AREA .66Ac. DESIGN FLOW 480 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 1012 Date 10-12-10 ☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

Pump Tank Gallons: P T Date 6-23-08 System Description: Gravity - 25% Reduction

Pump Make Model Serial # Repair System Description: LPP 50% Reduction

Nitrification Field No Fields 1 No Lines 5 Linear Feet 480 Maintenance Agreement Required ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4 Water Supply

☐ Business No. Persons ☒ Private

☐ Other No. Employees ☐ Public

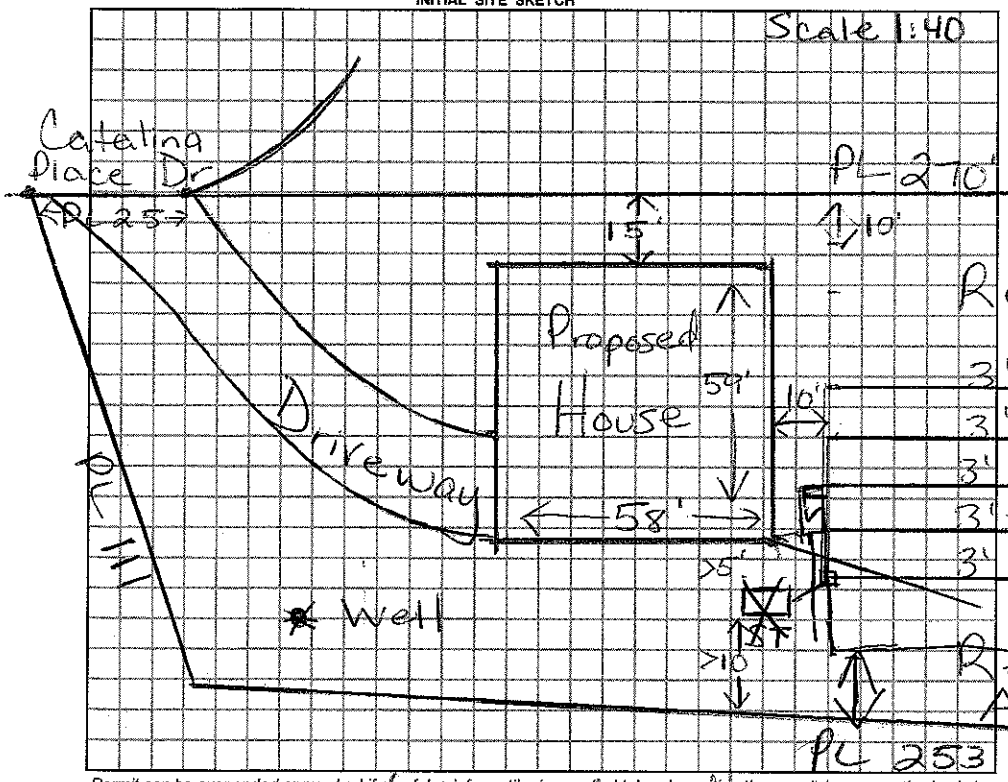
☐ Slab ☒ Crawl Space ☐ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: ① Remove existing Field Terraces ② Rake trench sidewalls & apply lime where Smearing occurs.

Comments / Conditions: ① Keep Septic System at least 15Ft From any Cut 2Ft or greater.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 essentially as shown No Dist. box or drop boxes end fed Chambers

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 w / site plan valid without expiration ☐ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: X Ronnie Broome Date 10/11/10 Installed by: Tommy Frye RS

Improvement Permit by: Maria H. Colson RS Date 10/11/2010 Operation Permit by: Maria H. Colson Date: 2/14/2011

Authorzation to Construct by: Maria H. Colson RS Date 10/11/2010 Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT# 14305044 PIN# 4646-42-7471 DATE 6-16-07

OWNER OR APPLICANT CORINTHIAN BUILDERS, LTD PHONE: Business 704-664-4822 Home 704-799-6955

ADDRESS 735 SOUTH BROAD STREET, MOORESVILLE, NC 28115

LOCATION WILLIAMSON ROAD TO ALCOVE ROAD, TR CATALINA ROAD, TR CATALINA PLACE DRIVE, LOT AT END ON RIGHT

SUBDIVISION CATALINA RIDGE BLOCK / SECTION ____ LOT 4 LOT AREA 0.66 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480

No Lines 6 SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

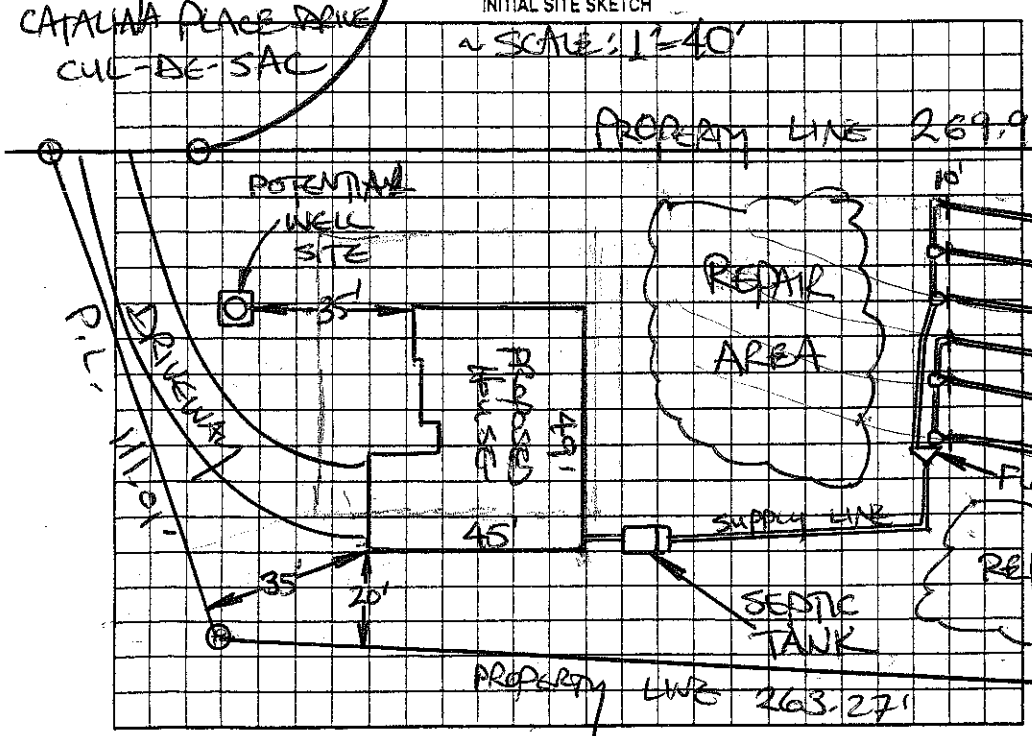
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

☐ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

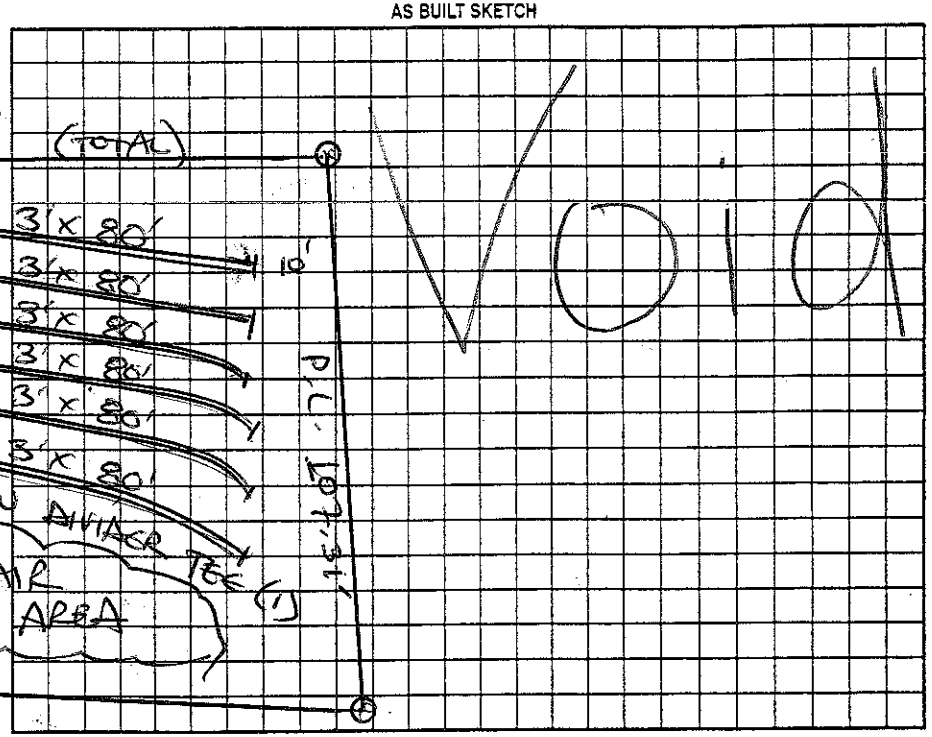
Comments/Conditions: ① REMOVE EXISTING FIELD TERRACES ② SCOUR TRENCH SIDEWALLS & APPLY LIME WHERE SMEARING OCCURS. ③ INSTALL 25% REDUCTION SYSTEM ON CONTOUR USING ONE FLOW DIVIDER TEE AS SHOWN

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: Melissa Neal date 6-19-07 Installed by: ____

Improvement Permit by: STEVE HEDRICK date 6-16-07 Operation Permit by: ____ date ____

Authorization to Construct by: STEVE HEDRICK date 6-16-07 Existing System Inspection by: ____ date ____

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