IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129403 PIN# 4648 23 4322 DATE Sept. 2, 2005

OWNER OR CONTRACTOR Ward Diversified Services // LAKEVISION DEV. PHONE: Business _____ Home _____

ADDRESS 8156 Monbo Rd. Catawba, N.C. 28609

LOCATION 150' W TR Bluefield Rd TL Big Indian Loop TR Palos Verde Dr. 3rd lot on left

SUBDIVISION Palos Verde BLOCK / SECTION _____ LOT 4 LOT AREA 26,229 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB Kotra Date 9/26/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 35% Reduction "Accepted" LPPPBOS
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No Initially

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____ NWS
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:
"Shave off" old burns
Initial site evaluation and layout performed by Mike Altmans, LSS and Ashley Rollins, LSS.

Comments:/Conditions: Unfinished Basement w/ Powder Room

INITIAL SITE SKETCH

SEE Plan by Mike Altmans & Ashley Rollins

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 9-28-05 Installed by: _____

Improvement Permit by: _____ date 9-2-05 Operation Permit by: _____ date 5/3/06

Authorization to Construct by: _____ date 1/13/06 Existing System Inspection by: _____ date _____

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