IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 12941D PIN# 4648 23 8119 DATE August 29, 2005

OWNER OR CONTRACTOR Hard Diversified Services PHONE: Business _____ Home _____

ADDRESS 8156 Mamba Road, Catawba, N.C. 28609

LOCATION 150 W to R Bluefield Rd to Big Indian Loop on Right before get to Palos Verde Dr.

SUBDIVISION Palos Verde BLOCK / SECTION _____ LOT 17 LOT AREA 26,162 ft² SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 8/24/05

Pump Tank: 1000 Gallons; PT 17 Date 12/23/04

Pump Make: _____ Model WEO511H Serial No. _____

Nitrification Field: No Fields 1 Square Feet 682/1028 Linear Feet 340

No Lines 5 Trench Width 24" max 8'oc Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: @ 36" max 9'oc

Limited site evaluation and layout performed by Mike Atkinson, LSS and Ashley Rollins, LSS

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan by Mike Atkinson and 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: Tommy Frye

Improvement Permit by: _____ date 8-29-05 Operation Permit by: _____ RS date 6/16/06

Authorization to Construct by: _____ date 12-21-05 Existing System Inspection by: _____ date _____

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